YOUTH REGISTRATION FORM

2025 CRMR MID-WINTER YOUTH RETREAT
Friday, February 14 – Monday, February 17, 2025

Love is...

LA FORET CONFERENCE AND RETREAT CENTER - BLACK FOREST, COLORADO

Sign in 7:00 – 8:30 Friday night Departure, MONDAY at 10:30 am

Cost: $235.00 per person

Youth's Covenant:

I Pledge to act in a respectful manner in regard to property and in my conduct towards others. I am aware that I am representing myself, my family and my church. I agree to abide by all policies of the CRMR while at the retreat. I will follow the directions of adult leaders and will participate in all scheduled activities unless excused in writing by my doctor. I will attend the entire event. In order to help insure the health and safety of myself and all participants I will not come if I am experiencing symptoms of any type of illness.

_____ _____

Youth's Signature Date

References

I fully recommend the youth named above to attend the CRMR 2025 Midwinter Retreat.

_____ _____

Minister (or youth minister's) Signature Date

Photograph Reproduction Consent

I give my consent for photographs to be taken of my son/daughter during events sponsored in whole or in part by the Central Rocky Mountain Region (Disciples of Christ) to be reproduced and/or used in printed materials and websites which are the property of the CRMR (DOC) or other partner agents of the CRMR (DOC). I am aware that these photos will not be sold or used for profit other than for their presence in promotional materials, and I am aware that I will receive no compensation for the use of these photos.

_____ _____

Signature (parent or guardian if camper is under 18 years) Date

REGISTRATION DEADLINE: NO LATER THAN **January 22, 2025**

Make checks out to CRMR and mail with registration form to:

Patty Fadum, 3332 Templeton Gap Rd, Colorado Springs, CO 80907

Patty may be contacted at 719-685-6537 or villageccoffice@gmail.com

YOUTH REGISTRATION FORM (cont.)

(Please neatly print or type all information requested)

Name_____ Birthday:_____ Current grade level:_____
Full legal name + (preferred or nickname) Mo/Day/Year

Gender: _____ Pronouns: _____

Home Address: _____
City:_____ State:_____ Zip:_____
Phone: (___)_____ E-Mail:_____
Home Church:_____ City:_____

Required: The sponsor who will be responsible for me during the event is:
Sponsor's Name:_____ Church:_____
(if you have no sponsor, contact Shelly at skgarrison50@gmail.com to request one)

Medical Insurance Company:_____
Policy or Group I.D. Number:_____
Indicate all known allergies, drug reactions, recent injuries or illnesses, current medications, restrictions, dietary requirements, or other necessary medical information (attach additional page if needed):

_____

_____

Emergency Contacts	Cell Phone	Other
Parent/Guardian:_____	(___)_____	(___)_____
Parent/Guardian:_____	(___)_____	(___)_____
Other:_____	(___)_____	(___)_____

Doctor:_____ Phone:(___)_____

Parent's Medical Release and Liability

I hereby give the event directors permission to secure any needed medical attention for my youth in the event I cannot be reached in an emergency, and I give my permission for the doctor, hospital, or medical service to provide emergency medical or surgical care at my expense. I give the CRMR permission to perform a strep, flu or covid rapid test on my youth if needed. I release the Central Rocky Mountain Region of the Christian Church, and the directors in charge of the event, from all responsibility for sickness and accidents during the Midwinter Retreat. I understand that as the parent/guardian of the youth whose name appears on this form, that I am responsible for any damage done to property by my youth. I also understand that any behavior my youth exhibits deemed un-Christian-like, dangerous, or disrespectful will result in my youth being sent home, and that I will bear the responsibility for the expense of the return trip.

_____ _____
Parent/Guardian Signature Date