



# REGISTRATION FORM

please return the completed form to your youth leader

JR Pitch Alberta - Sept. 30-Oct. 2, 2011 - Camp Harmattan, Olds AB.

## Group Info

Church/Group Name \_\_\_\_\_

Youth Leader Name \_\_\_\_\_

## Personal Info

Name \_\_\_\_\_ Student \_\_\_\_\_ or Sponsor \_\_\_\_\_

Date of Birth \_\_\_\_M/\_\_\_\_D/\_\_\_\_/Y Health Card # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Medications Being Taken \_\_\_\_\_

Physical disabilities, limitations or recent illnesses \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

## Retreat Fees choose one rate

**Regular Rate** (form and money to your youth leader before Sept. 16/11).....\$80.00

**Late Rate** (form and money received on or after Sept. 16/11).....\$90.00

**Make cheques payable to the church or group you are coming with.**

## Student Cooperation Agreement

To keep JR Pitch Alberta enjoyable for everyone, we have a few simple rules for you to follow:

1. *Be respectful of others and their property. If you break something, you pay for it.*
2. *Alcohol, drugs, firecrackers and weapons of any kind are not permitted on the campground.*
3. *Be back in your area of accommodation and quiet by lights out.*
4. *Do not leave the grounds without being accompanied by an adult sponsor.*
5. *Attendance at General Sessions is mandatory.*

We cannot be responsible for lost or stolen property - leave your valuables at home.

I have read the above Cooperation Agreement and agree to abide by it. I understand that if I do not abide by these standards, my parent(s) will be notified and I may be sent home.

**Student Signature** \_\_\_\_\_

## Parental Agreement

I give my permission for the above named student to join the JR Pitch Alberta retreat and to participate in all group activities. In the event of an emergency, I hereby authorize the leaders of the group with whom my child is attending this retreat, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Alberta where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible in this event. I understand that if this person is in serious breach of the cooperation agreement, I may be required to pick him/her up from the camp immediately.

**Signature of Parent or Guardian** \_\_\_\_\_

**Date Signed** \_\_\_\_\_