

MIDDLE SCHOOL SUMMER RETREAT - Registration & Medical Release Form
For Such A Time As This... | June 27 - July 1, 2022 | Awanita Valley Retreat Center, Marietta, SC



MEDICAL RELEASE INFORMATION

Child's Name: _____ Parents' Name(s): _____

Address: _____ City: _____ ST: _____ Zip: _____

Doctor: _____ Phone: _____

Insurance Co: _____ Group #: _____ Policy #: _____

Cell Phone(s): _____ Date of Birth: ____/____/____ SSN: ____-____-____

Father's Work Phone: _____ Mother's Work Phone: _____

Email Address for communication leading up to retreat: _____

Any known medical conditions (please specify): _____

Medications your child is currently taking (please specify): _____

Known allergies (please specify: food, drug, etc.): _____

In case of emergency, contact:

#1: _____

#2: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

AUTHORIZATION OF TREATMENT: I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY MATT HOUSTON TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT, AND NECESSARY TRANSPORTATION FOR MY CHILD. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY MATT HOUSTON TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION, FOR MY CHILD AS NAMED ABOVE.

Signature of Parent or Guardian: _____

Date: ____/____/____

Grade your child is going into NEXT school year: _____

PLEASE SPECIFY PAYMENT AMOUNT: Retreat + T-Shirt (\$310) – OR – Retreat ONLY; no t-shirt (\$300)

AMOUNT PAID: \$ _____ (Online: _____ Check #: _____ iPad: _____ Cash: _____)

T-SHIRT SIZE (if applicable): Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL _____