



**HIGH
POINT**

**SPRING
RETREAT**

**MARCH 23-20
25 | 12**

HIGH POINT CAMP IN GEIGERTOWN, PA

**\$90 ← SIGN UP
BY FEB 12**

SIGN UP BY FEB 26 → \$100

***ABSOLUTE DEADLINE: FEB 26**

The following pages are your application for the High Point Spring Retreat. Fill it out, get your parents to sign it, put it in an envelope (with your payment) marked: High Point Spring Retreat and your name. Feel free to add any drawings you like on the envelope. Except for scary clowns. *Your spot is not reserved until your application and payment are received.* Each participant needs to fill out an application. P.S. We're serious about the deadlines. ttyl.



APPLICATION

This application along with your payment are to be turned in together. *Your spot is not reserved until both parts of the application are turned in.* **COST:** Early bird rate (by Feb 12): \$90/person. Feb 12-26: \$100/person. After Feb 26: Better luck next year. Checks made payable to Manor Presbyterian Church.

NAME: _____

ADDRESS: _____

AGE: _____ GRADE: _____ SCHOOL: _____

PARENT
NAME(S): _____

CONTACT EMAIL: _____

CONTACT PHONE: (c) _____ (h) _____

CHURCH: _____

EMERGENCY CONTACT:

NAME: _____

CONTACT PHONE: (c) _____ (h) _____

RELATIONSHIP TO
PARTICIPANT: _____

MEDICAL INFORMATION:

INSURANCE CARRIER: _____

GROUP #: _____ POLICY: _____

MEDICAL INFORMATION: (Include present and past problems such as Asthma, Seizures, Diabetes, Emotional Disorders, any physical limitation, major phobias, or other concerns)

ALLERGIES: (Medications, foods, insects, animals, etc.)

ALL MEDICATIONS (prescriptions and nonprescription) must be sent from home and given to the nurse with instructions. All medications must be listed below or they will not be permitted to be taken during this trip.

MEDICATION

DOSAGE

TIMES PER DAY

IF NECESSARY (participant name) _____ has permission to receive
(check all that apply):

- TYLENOL BENEDRYL MAALOX MYLANTA IBUPROFEN

SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN RELEASE FORM

The undersigned do(es) hereby give permission for our (my) child: _____ (“Participant”), to attend and participate in the **High Point Spring Retreat**.

LIABILITY RELEASE: In consideration of allowing the Participant to participate in the High Point Spring Retreat, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless the retreat leadership, High Point Camp, its directors, employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the High Point Spring Retreat. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in the High Point Spring Retreat.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to the retreat leadership to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in the High Point Spring Retreat. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

SIGNATURE: _____ DATE: _____

PARTICIPANT SIGNATURE: _____ DATE: _____