

Winter Youth Retreat 2019

Registration Form

PLEASE FILL OUT THIS FORM COMPLETELY AND LEGIBLY. THANK YOU!

Note: If you have any questions, a special need, or concern, please contact:
Brenda Wood at (208) 390-9845.

Camper's name _____ Age _____ Grade _____

Email Address: _____ Birth Date _____

Parent's (Guardian's) Name: _____

Mailing address _____ City _____ State _____ Zip _____

Home Phone _____ Work phone _____ Cell phone _____

Home church _____

I will comply with the camp rules and cooperate with the camp staff. I realize that failure to do so may result in my going home early from camp. Camper's signature _____

CHECK ALL THAT APPLIES: Make checks payable to OFCR

Winter Youth Retreat

February 15th-17th, 2019

(9th - 12th Grade guys and gals)

Cost is \$75.00 _____

Subtotal = _____

Second family member (Discount \$5.00) - _____

For each additional family member (Discount \$10.00) - _____

*If taking family member discount, simply subtract discount from cost for check total.

Total cost \$ _____

If you would like to donate to the '**Scholarship Fund**' for campers
needing financial assistance, please specify the amount here. \$ _____

REFUND POLICY

Old Faithful Christian Ranch offers a full refund until two weeks prior to the retreat,
one half refund thereafter.

FINANCIAL ASSISTANCE

If you need financial assistance in order for your youth to be able to attend this
Winter Retreat, please call Brenda Wood at 208-390-9845.

Parent, please read and fill out medical information on the back side of this form.

This form needs to be completed for your youth to attend this retreat.

If child has unique health or behavioral problems, limitations, allergies etc., please list and explain: _____

Date of last Tetanus shot _____

This child is covered by _____ insurance company.

Policy # is: _____

Name and Phone number of youth's doctor _____

Because increasing number of campers come to camp with prescription drugs, it is necessary for us to require that the directions on the prescription must match the request of how the parents want the drug given. If you have been given different instructions by the doctor prior to camp and it is not reflected on the present prescription bottle, you must have the doctor send a written change for said medication.

The following list of drugs are those that we have on hand at Old Faithful Christian Ranch.

Please circle the drugs that you DO NOT want your child to receive:

Tylenol	Hydrogen Peroxide	Benzocaine
Ibuprofen	Alcohol swabs	Tussin
Jr. Strength Tylenol/Ibuprofen	Saline Solution	Nasal Decongestant
Extra-Strength Tylenol	Bactine	Sucrets
Benadryl, Zyrtec	Betadine	Cough Drops
Chlortrimeton.	Calamine Lotion	Anbesol
Tums	Triple Antibiotic Ointment	Latex
Imodium AD	Epsom Salt	Sun Screen, Aloe
Pepto Bismol	Hydrocortisone	

If your child has ever been arrested or been the subject of disciplinary action by any law enforcement agency, please list and explain. _____

Parent/Camper Agreement

I understand that there are certain risks inherent in camping and sports related activities, and I agree to assume those risks on behalf of myself and my child. **I hereby authorize** the camp staff, in their complete discretion, to take whatever steps they feel are reasonable to protect the health, safety, and welfare of my child; including, but not limited to, administering, or arranging for first aid, or emergency health care on behalf of myself and my child. I hereby waive and release any civil liability claims that may arise on account of my child's attendance at this camp, or any activities associated therewith, and I agree to release and hold harmless said camp, its owners, its staff, and its agents from any such claims; whether or not said claims arise on account of their own negligence. **I understand and consent** that camp photographs/videos in which my child may appear may be used in camp publicity, publications, or promotions. **I take responsibility** for my child's behavior and acknowledge that my child will comply with the camp rules (www.ofcr.org). I understand if they fail to comply, it is my responsibility to arrange their transportation home.

Parent/Guardian Signature _____ **Date** _____
(Camper signs if 18 or older)

**SEND THIS FORM ALONG WITH YOUR PAYMENT TO:
Old Faithful Christian Ranch, 145 6th Street, Idaho Falls, ID 83401**