

**Winter Retreat
January 26-28, 2018
First Presbyterian Church
Southold, New York**

Participant Full Name: _____

Mailing Address: _____

_____ Zip _____

Home Telephone _____ Male _____ Female _____

Telephone During Trip (If different from above) _____

Date of Birth _____ School Grade Completed by June, 2017 _____

Parents(s)/Guardians(s)

Full Name _____ Work/Business Phone _____

Full Name _____ Work/Business Phone _____

PARENT/GUARDIAN PERMISSION

In signing this application, I hereby certify that the above information (on all sides) is correct and my son or daughter has my permission to attend the activity as stated above, and for the release of medical records in case of emergency.

In order to protect others in the group, my child named above will not attend, and will receive full registration refund, if she or he contracts flu, fever or communicable disease within 24 hours of stated departure time.

I agree to provide or assist with transportation if necessary and I understand that my child named above will be expected to follow all guidelines or return home early with my assistance.

In case of emergency, I understand that every effort will be made to contact parents/guardians of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by advisors and/or EMT's to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. Primary coverage for such an occurrence will be through my health insurance provider.

Participant Signature

Parent/Guardian Signature

Medical Information

Health Insurance Company _____

Provider Number _____

Company Address _____

Company Telephone Number _____

Name of Primary Physician/Pediatrician _____

Physician/Pediatrician Telephone Number _____
(area code)

Has the participant received all necessary vaccinations? [] Yes [] No, explain:
(We recommend that everyone in our group have a valid Tetanus immunization.)

Please list and provide instructions for any prescription medications:

Please list participant's allergies, if any:

Are there any physical and/or emotional limitations we need to be aware of?

Please list any special considerations or needs we need to be aware of:

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Information
(Retain at home for reference.)

Where we will be staying:

Holmes Camp and Conference Center
60 Denton Lake Road
Holmes, NY 12531
845.878.6383

Participants are encouraged to arrive on Friday 1/26 between Noon and 7:00 PM; we will depart Holmes on Sunday after lunch by approximately 2:00 PM.

Cost: \$150. For first person in family/group; \$25 for each additional member.

(Make checks payable to "First Presbyterian Church" memo Winter Retreat)

Please note that money need not prevent participation in this experience - confidential scholarships are available; speak with Rev. Kelley or Mary Mraz for more information.

What to Bring/Pack

Linens (sheet, blanket) or sleeping bag, pillow; clothes: casual winter wear including proper outerwear for sledding, skiing, and/or hiking in snow. Toiletries, towel(s), slippers, Bible, journal/notebook & pen.