

Texas Christian Endeavor's Youth Spiritual Retreat

El Shaddai

3000 FM 884, Yorktown, Texas

Friday, June 18 — Sunday, June 20 2010

Individual Registration Form

Every individual camper must completely fill out this form. Please PRINT clearly!

Name: _____ Age: _____ Birthdate: _____ Sex: _____

Address: _____ City/State/Zip: _____

Phone (Home): _____ (Cell): _____ (E-mail): _____

Parent or Guardian's Name: _____ Church: _____

Name of same sex attending adult Church representative: _____

Full Registration Fee includes: 5 meals and 2 nights lodging and theme T-shirt

Children 11 & under, \$100.00, Youth 12 & over, & Adults \$ 105.00 per person

_____ **Early Bird Discount of \$10.00 per registration if received before May 18, 2010.**

Please circle T-shirt size (Youth S, M, L; Adult S, M, L, XL) (XXL, XXXL \$2.00 extra)*

Absentee Registration: \$ 10.00 _____ Scholarship Registration: \$ _____ (Any amount towards a deserving youth)

Sponsorship of Camp Leader, Staff, or Guest Speaker \$ _____ *Amount paid with this registration: \$ _____

*Non-Attending T-shirt purchases must be ordered and paid for by May 18, 2010.

T-shirt(s) please circle size (Youth S, M, L, Adult S, M, L, XL) \$ 12.50(XXL, XXXL) \$ _____ 14.50 _____

MEDICAL RELEASE FORM

I hereby certify that my child/youth is physically and mentally able to participate in a camp program. (These facilities are not handicap accessible.)

In the event of an emergency where medical treatment is required for the above camper. I give my permission to the church staff, sponsor or camp staff to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Date: _____ Parent or Guardian Signature: _____

Emergency Contact: _____ Phone: _____

Second Emergency Contact: _____ Phone: _____

The camper is under the care of a physician for the following conditions: _____

Current treatment (include current medications): _____

Does camper have any significant medical history that staff needs to be aware of: _____

Epilepsy? _____ Diabetes? _____ Campers last tetanus shot? _____

Any medications to be administered at camp? (specify dosages/times): _____

_____ Any allergies (food, drugs, plants, insects, etc.): _____

Additional health information: _____

***PLEASE MAIL NO LATER THAN May 18, 2010 TO:

Texas Christian Endeavor 2331 Gus Thomasson Rd. #101 Dallas, TX 75228-3039

** No Personal Checks, for registrations or t-shirts, will be accepted after the May 18th deadline.