

**REGISTRATION/PERMISSION FORM**  
**Presbytery of Des Moines**

**2010 Winter Youth Retreat**

**Location:** Union Park Presbyterian Church, 1307 Thompson Ave., 50316  
and  
Sleepy Hollow Sports Park, 4051 Dean Ave., 50317  
**Arrival:** Friday, Feb. 5, 7:00 p.m.  
**Departure:** Saturday, Feb. 6, 2:00 p.m.



**I/we give permission** for the minor child named below to fully participate in the *2010 Winter Youth Retreat*. The activities include snow tubing at Sleepy Hollow Sports Park. The participant will adhere to all rules and regulations set by the activity leaders, adult sponsors, or group. This permission form is valid only for the dates indicated.

**IN CASE OF EMERGENCY:** I/we understand an effort will be made to contact parents or guardians. In the event I/we cannot be reached, I/we hereby give permission to the physician selected by the activity leaders or adult sponsors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the minor child named below. I/we agree to assume any financial obligation incurred beyond insurance coverage.

**Minor's name:** \_\_\_\_\_

**Birth date:** \_\_\_/\_\_\_/\_\_\_    **Age:** \_\_\_\_\_    **Gender:** M   F    **Current grade:** \_\_\_\_\_

**T-Shirt size:** S   M   L   XL   XXL    **E-Mail address:** \_\_\_\_\_

**Address:** \_\_\_\_\_    **City/State/Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_    **Cell phone:** \_\_\_\_\_

**Parent/Guardian name(s):** \_\_\_\_\_

**Emergency contact name:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Physician:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Insurance carrier:** \_\_\_\_\_    **Policy #:** \_\_\_\_\_

**Allergies/Physical concerns/Restrictions/Medications:** \_\_\_\_\_

**Parent/Guardian signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Home church and town:** \_\_\_\_\_

**Cost for this event is \$30 per person, including leaders, due at the retreat.** Dinner on Friday is not provided; please bring a snack or beverage to share. Make checks payable to the Presbytery of Des Moines.

- Check enclosed for** \_\_\_\_\_ **# of reservation(s) at \$30 each.** \_\_\_\_\_
- Will pay at retreat for** \_\_\_\_\_ **# of reservation(s) at \$30 each.** \_\_\_\_\_
- I need a scholarship and will pay** \_\_\_\_\_ **to hold my reservation.** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Send registrations to:** Dennis Britson, Registrar  
2010 Winter Youth Retreat  
1110 E. 6<sup>th</sup> St. #12  
Des Moines, IA 50316  
[dnbritson@aol.com](mailto:dnbritson@aol.com)  
515-282-9139

**Sponsored by:** Presbytery of Des Moines  
Presbyterian Church (U.S.A.)  
2400 86<sup>th</sup> Street, Suite 20  
Des Moines, Iowa 50322-4306  
[pbydesmoines@presbyteryofdesmoines.org](http://pbydesmoines@presbyteryofdesmoines.org)  
515-276-4991

OFFICE USE ONLY	Reg. Date:
Event No. 12	Scholarship: