The Flash! Retreat 2020

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.

Age	_ Grade	_ Circle one: Male	Female
Birth Date			
City	Sta	ateZip	
	Cell phone		
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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.

Date of last Tetanus shot	· ·	•	please list and explain:	
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 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 stendance 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 c				
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