

REGISTRATION FORM

STUDENT NAME _____

PARENT/GUARDIAN NAME(S) _____

PARENT/GUARDIAN CELL PHONES _____ / _____

OTHER PEOPLE TO NOTIFY IN CASE OF EMERGENCY.

1. _____ PHONE _____

2. _____ PHONE _____

STUDENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

CELL PHONE _____ DATE OF BIRTH _____ GRADE _____

E-MAIL _____

MEDICAL TREATMENT INFORMATION

INS. CO. _____ GROUP # _____

POLICY/I.D. # _____

COMMENTS OR RELEVANT MEDICAL INFO: _____

MEDICINE BEING BROUGHT ON THIS RETREAT: _____

DOSAGE INSTRUCTIONS: _____

T-SHIRT OPTION & SIZE

CIRCLE SIZE (ADULT SIZES)

CIRCLE STYLE

SMALL • MEDIUM • LARGE • X-LARGE • XX-LARGE / CREW NECK T-SHIRT • V NECK T-SHIRT • TANK-TOP

STUDENT SIGNATURE ~ I AGREE TO OBEY ALL NEXUS GUIDELINES AS STATED IN THE BEACH ESCAPE BROCHURE AS WELL AS ANY VERBAL RULES THAT THE LEADERSHIP MAY ADD. I UNDERSTAND THAT IF I DO NOT ABIDE BY THESE GUIDELINES, I MAY BE SENT HOME AT MY PARENTS' EXPENSE.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE

~ I HAVE READ THE BEACH ESCAPE BROCHURE IN ITS ENTIRETY AND UNDERSTAND THE INFORMATION.

~ I GIVE PERMISSION FOR MY CHILD TO ATTEND BEACH ESCAPE 2013 AND AGREE TO PAY THE ASSOCIATED COSTS.

~ I AGREE TO HOLD MY CHILD RESPONSIBLE FOR THE BEHAVIOR GUIDELINES AS STATED IN THE BEACH ESCAPE BROCHURE AND WILL ARRANGE FOR THEIR TRANSPORTATION BACK HOME AT MY EXPENSE IF THEY FAIL TO DO SO.

~ IN THE EVENT OF AN EMERGENCY, WHERE MEDICAL TREATMENT IS REQUIRED FOR MY CHILD, I GIVE PERMISSION TO THE STUDENT MINISTRIES PASTOR OR ADULT VOLUNTEER STAFF TO OBTAIN THE SERVICES OF A LICENSED PHYSICIAN. PLEASE ATTEMPT TO NOTIFY ME IMMEDIATELY CONCERNING ANY SUCH EMERGENCY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

REGISTRATION DEPOSIT: \$90 DUE BY MAY 12 / BALANCE: \$85 DUE BY JUNE 30

MAKE CHECKS PAYABLE TO: RIVERSIDE COMMUNITY CHURCH

MAIL REGISTRATION/PAYMENT TO: NEXUS STUDENT MINISTRY 401 ALLEGHENY AVE. OAKMONT PA 15139

OFFICE USE ONLY

DEPOSIT (\$90.00) AMOUNT PD. _____

DATE _____ CHECK # _____ CASH _____ SCHOLARSHIP _____

BALANCE (\$85.00) AMOUNT PD. _____

DATE _____ CHECK # _____ CASH _____ SCHOLARSHIP _____