

Retreat Registration Form

Date of Retreat April 27-29 , 2012

Name _____ Date of Birth _____

Address _____

Phone Number _____ email _____

Does this retreatant have a guardian? ____ If yes who is the guardian? _____

Religious Affiliation _____

Registration fee of \$35.00 is enclosed _____ I would like to apply for scholarship _____

In case of an emergency, who should be contacted if parent or guardian is unreachable?

Relationship _____ Phone _____

Would you like your name and phone number to be given to other persons from your area for the purpose of coordinating rides? Yes ____ No ____

Can this person sleep in a top bunk? Yes ____ No ____

Occasionally photographs taken of retreatants and helpers are published in the Good News, the diocesan newspaper and web site, or used in brochures describing the retreat program or other activities sponsored by Ministry with Persons with Disabilities.

Photos of this retreatant/volunteer may be used for the purposes described above. _____

Do not publish photos of the retreatant/volunteer _____

I hereby consent to the participation by (name) _____ on the Retreat, sponsored by the Diocese of Kalamazoo. I understand that the Retreat will take place at Camp Friedenswald and that my son,/daughter/ward will be under the supervision of program staff during this event.

I also give my permission for a qualified person to give medical attention to the above named person in the event of an emergency.

Special conditions: _____

Medication (Please give name of medication, and for what purpose taken):

LIST MEDICATION AND DOSE

	Breakfast	Lunch	Dinner	Bed	Other
Friday					
Saturday					
Sunday					

Allergies?: _____

History of seizures?: _____

Are there any special bedtime routines, need for a night light or other accommodations that will make the retreat more comfortable? _____

Physician's Name _____

Physician's Phone _____

Insurance Company _____

Insurance Number or Group Number _____

Signature of parent/guardian/participant

Date

Return to
Ministry with Persons with Disabilities Diocese of Kalamazoo
215 North Westnedge Avenue Kalamazoo, MI 49007 (269) 349-7276
asherzer@dioceseofkalamazoo fax 269-903-0202