

Youth Retreat Registration Form (page 1)

The Youth Committee requires that the following be completed in its entirety and returned with the registration packet.

Participant Name: _____ Participant Email Address _____

Address: _____
Number/Street City State Zip

Parent Names: _____ Home Phone: _____

Parent Email Address _____ Work/Cell Phone: _____

Emergency Contact Name/Number: _____

Participant Birthday: _____ Gender (circle) Male / Female Shirt Size: _____

Parish Name _____ City: _____ State: _____

Please indicate travel plans (circle one): Air / Automobile / Other

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Is the participant covered by family medical/hospital insurance (Yes/No): _____

Insurance Carrier/Plan Name: _____ Group #: _____ I.D. #: _____

Medical Allergies: _____ Food Allergies: _____

Other Allergies (include insect stings, hay fever, asthma, animal dander, etc.): _____

Medications Being Taken (meds brought to the retreat must be in their original labeled pharmacy container):

Med (#1): _____ Dosage: _____ Specific Time Taken Daily: _____ Reason: _____

Med (#2): _____ Dosage: _____ Specific Time Taken Daily: _____ Reason: _____

Med (#3): _____ Dosage: _____ Specific Time Taken Daily: _____ Reason: _____

I, _____, give my permission for _____
(Parent/Guardian Name) (Participant Name)

to attend the Youth Retreat of the Serbian Orthodox Church in the USA and Canada to be held at the facilities of St. Thomas University in Houston, TX and to be transported by retreat organizers to all retreat activities.

Parent Signature: _____ Printed Name: _____ Date: _____

Participant Signature: _____ Printed Name: _____ Date: _____

Parish Priest Signature: _____ Printed Name: _____ Date: _____