

***Presbyterian Clearwater Forest***  
**Individual Registration Form (IRF)**  
**for Church Youth Group Retreats or Confirmation Class Retreats**

Today's Date: \_\_\_\_\_ Name: \_\_\_\_\_

Register me for: \_\_\_\_\_ Dates: \_\_\_\_\_

I am registering as part of a church group from: \_\_\_\_\_ in \_\_\_\_\_  
Church Name Church City

I am a youth participant. Grade: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

I am an adult participant.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name(s) of Parent(s) or Legal Guardian (if under 18): \_\_\_\_\_

Will this be your first visit to Clearwater Forest? \_\_\_\_\_

What other types of events (if any) have you participated in at Clearwater Forest previously? \_\_\_\_\_

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**Fees and Payment**

Fee: \$75 per person. This fee covers the program, four meals, two snacks and two nights' lodging.

Payment (please check the appropriate line or lines below and fill in the associated blanks)

Along with this form is my payment of \$\_\_\_\_\_.

My church will pay \$\_\_\_\_\_ on my behalf.

**Refund Policy** If cancellation occurs ten or more week days prior to the event, all deposits and fees paid are fully refundable except for a \$5 service charge. If "late" cancellation occurs, less than ten week days prior to the event, all deposits and fees paid are non-refundable, unless the cancellation occurs due to a verifiable medical or family emergency. Any amount of financial assistance received for a participant will be refunded to the provider of the financial assistance.

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**Health/Emergency Contact Information**

\_\_\_\_\_  
Primary Emergency Contact (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Day Phone Evening Phone

\_\_\_\_\_  
Alternate Emergency Contact (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Day Phone Evening Phone

Please list any known allergies or health conditions requiring treatment, restriction, or other accommodation while at Clearwater Forest.

Please list any special housing, dietary or other special needs.

**Personal Insurance Information**

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Name of Policy Holder (if other than participant): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

SS# of Policy Holder or Insurance ID #: \_\_\_\_\_

### **Emergency Medical Authorization**

I hereby give permission for medical personnel selected by the Director of Presbyterian Clearwater Forest (PCF) to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the PCF Director for any necessary medical treatment of my child or myself. I understand that all program participants are covered by PCF for medical claims due to accident on an excess basis (the insurance is excess over any other valid and collectible insurance available to the injured person).

Signature of parent or legal guardian or adult participant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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### **Participant Covenant**

Believing that I am a part of the faithful community of the whole people of God at the event, *I promise* to be responsible in my actions, abide by the community guidelines and be open in mind and heart to the teachings and leadings of the Holy Spirit. *I promise* to do my part to make the experience of all other participants and/or leaders one that is safe, free from unkindness and insensitivity, and enjoyable.

#### ***I will:***

- Refrain from the use of tobacco products, alcohol and illegal drugs during this event and while traveling to or from this event;
- Refrain from inappropriate sexual behavior including sexual intercourse or any other form of intimate sexual contact and sexual harassment;
- Participate in all scheduled activities and honor all meeting times;
- Abide by all lights-out times, quiet-times, or curfews scheduled or announced;
- Respect the personal belongings and residential spaces of others by not entering any residential rooms or buildings that are not my own;
- Do no intentional or careless harm to the personal belongings of others or to the buildings, grounds or equipment or other resources of Clearwater Forest;
- Respect the responsible role of adult leaders from my church and the event leaders by maintaining responsible and constant communication with my church group leaders(s) so that my whereabouts and personal safety are not a concern.
- Constantly seek to be an example of a person who is faithfully responsible to the whole community at this event.

***I understand...*** In a community based on love, respect, trust and support, each participant is responsible for his or her own actions. I also understand that if I fail to live up the expectations of this covenant, I may be sent home at the discretion of the event director and at the expense of the participant or his or her parents.

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Signature of Participant

Signature of Parent(s) or Guardian

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**This form and fee payment should be turned into your church group leader, who will check and coordinate all the forms and money from your church group and send them to PCF together.**

**Any Questions...call 218-678-2325.**