

# THE NEXT LEVEL

## 2023 NWD / GLD FALL YOUTH RETREAT // REGISTRATION FORM

Student's Name \_\_\_\_\_ Boy \_\_\_\_ Girl \_\_\_\_

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

Phone \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Church & Youth Group Name \_\_\_\_\_

Email \_\_\_\_\_

List any Diseases, Physical or Mental Limitations \_\_\_\_\_

Current Medications (and purpose) \_\_\_\_\_

Describe any allergies your child may have (peanut, insect, dairy, etc.) \_\_\_\_\_

Any restrictions that we should know about your child? \_\_\_\_\_

### **IN CASE OF EMERGENCY / RELEASE FORM:**

I \_\_\_\_\_ being the parent or legal guardian of the above registered student, hereby voluntarily agree to release, waive, discharge, defend and indemnify NWD & GLD Youth Ministries and its staff from any and all claims, actions, or losses for bodily injury, property damage, expenses, any lost or stolen goods, wrongful death, or loss of services which may arise out of my child's participation in the activities revolving around the Next Level Youth Retreat. I hereby give permission for the staff to obtain the services of a licensed physician for my child in the event of an emergency where medical treatment is required. I agree to pay for any and all medical expenses incurred as a result of the use of this consent. Please attempt to notify me immediately concerning any such emergency. *I understand that my child is under the direct supervision and care of the leadership from the church that they are attending the Next Level Youth Retreat with and I understand that it is my obligation to inform the leadership of that church of any health considerations or medical conditions that would restrict my child's participation in any and all activities while at the Next Level Youth Retreat.* I warrant that I possess all of the right, powers, and privileges of a parent or legal guardian necessary to execute this document with binding legal effect. By signing this agreement, I also acknowledge the contagious nature of COVID-19 and the risk associated with sending my children to The Next Level Youth Retreat. I voluntarily assume this risk that my children may be exposed or infected and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that whether or not my child wears a mask is up to my discretion, as it will not be mandated by The Next Level staff. I voluntarily agree to assume all of the foregoing risks and accept all responsibility for any injury to my child, illness, damage, loss, claim, liability, or expense, of any kind, that my child may experience or incur related to COVID-19 in connection with attendance at The Next Level Youth Retreat.

Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ ID # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_