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**Middle School Registration Form**

**January 31st- February 2nd, 2020**

Online Registration also available at: gfc.org/winter-meltdown

*(full payment required via credit card for online registration)*

REGISTRATION CLOSES January 12th, 2020

**Participant Information** *(print neatly please)*

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Home School: Grade: \_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell HomeWork

Emergency Contact Name (if different than parent): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell HomeWork Phone #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell HomeWork

**-------- Cost of Trip and Payment Information --------**

**Registration Fee:**

**$185** (Cost includes meals, activities)

**Scholarships:**

Check below to request or give a financial scholarship. We don’t want money to be a roadblock for any student.

 I would like to *request* a scholarship in order for my child to attend – please email [smadmin@gfc.org](mailto:smadmin@gfc.org) for additional information

 I would like to *give* a scholarship to help send a student – please write a separate check made payable to GFC that includes “scholarship” in memo

**Payment Method:**

 Cash

 Check (please make all checks payable to “GFC”)

Registration checks should include child’s name in memo; Scholarship checks should include “scholarship” in memo

Check number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please give completed Registration Form with payment to a student ministry staff member or drop off your completed form with payment to: Grace Fellowship Church*

*Attn: Student Ministries / Winter Meltdown 2020 Registration*

*9505 Deereco Rd*

*Timonium, MD 21093*

*OVER►►►*

**Activity Information**

Sponsoring GFC ministry or name of activity/trip: Grace Students Winter Meltdown Retreat at River Valley Ranch, Manchester, MD

Name of activity coordinator: Christine Seese, Grace Students Admin; 410.561.8424 x264; cseese@gfc.org

**Medical Information**

List participant food allergies, allergies, illnesses, physical conditions, or medications that we should be aware of:

*\** If your child requires prescription medication, please send it in the prescription bottle. While your child will be responsible for taking their own medication, you can speak to their small group leader if you feel they need assistance.

Is participant covered by personal/family medical insurance? \_\_\_ Yes \_\_\_ No

Name of insurance and policy holders: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy and Group numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following over-the-counter medications to be administered to participant (please circle):

ACETAMINOPHEN IBUPROFEN NAPROXEN SODIUM MIDOL ANTACID ANTIHISTAMINE NONE

This health history is correct as far as I know. I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of accident, illness, or other health condition or injury. I give permission for agents of Grace Fellowship Church to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent’s opinion, the need arises. I give permission for attending physician(s) and other medical personnel to administer any needed medical tests or treatment, including surgery.

*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_*\_\_\_\_\_\_\_\_\_\_

**Participant Agreement**

It is my understanding that participating in the programs and recreational activities associated with this Activity, is a privilege. I acknowledge that participation in the activity described above involves risk to the Participant (and to Participant’s parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage. In consideration for the opportunity to participate in the Activity described above (the “Activity”), the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to and from the Activity, as well as for any medical treatment rendered to the Participant that is authorized by the Sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity or transportation to and from the Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Activity Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution pursuant to the rules of the American Arbitration Association.

*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_*\_\_\_\_\_\_\_*\_\_\_*

**Photograph Release Statement:**

I give Grace Fellowship Church permission to use, free of charge, photographs/video clips of myself and/or my child(ren) taken at this event. I understand that images/video will be used for non-profit purposes at the discretion of GFC and may be included in, but is not limited to; display/multimedia presentations at services or events, print materials, website, social media, etc.

*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_*\_\_\_\_\_\_\_*\_\_*