



Spring Folly Registration Form

April 27-29, 2018

www.springfolly.com

YOUTH GROUP INFORMATION	
Youth Group/Church:	
Youth Leader(s):	
PERSONAL INFORMATION	
Spring Folly is for students aged 14 (by December 31st) to 20	
Name	<input type="checkbox"/> Teen OR <input type="checkbox"/> Youth Leader
Date of Birth: D M Y Age:	<input type="checkbox"/> Male OR <input type="checkbox"/> Female
Address:	Home Phone #:
City:	Postal Code:
Parent(s)' Names:	Parent's Cell #:
HEALTH INFORMATION	
Health Card #:	
Family Doctor:	Doctor's Phone #:
Allergies:	Medications:
Physical Disabilities, Limitations or Recent Illnesses:	
ACCOMMODATIONS	
Teens staying at C.A.S.S MUST be accompanied by a youth leader (who is at least 21 yrs old)!	
<input type="checkbox"/> At C.A.S.S. (Central Algoma Sec. School) OR <input type="checkbox"/> At Home OR <input type="checkbox"/> With Friend/Family <i>If you're staying with a friend/family, please provide contact information below...</i>	
Name:	Phone #:
USE OF IMAGES	
Photos are taken throughout the weekend. Please sign below to give permission for the use of your image by Spring Folly for promotional purposes.	
Signature:	Or... <input type="checkbox"/> I Do not give photo consent
STUDENT COOPERATION AGREEMENT	PARENTAL AGREEMENT
<p>We are happy to have you at Spring Folly and have prayed for your attendance. We hope you have a great time, make new friends and grow closer to God. To ensure an enjoyable weekend, we have a few simple rules:</p> <ul style="list-style-type: none"> -Be respectful to others and their property. -If you break it, you pay for it. -Alcohol, drugs and weapons are not allowed. -You may not leave the grounds without permission. <p><i>NOTE: We can not be responsible for lost or stolen items. Please leave valuables at home.</i></p> <p>I have read the above agreement and will abide by it. I understand that if I do not abide by these standards, my parent(s) will be notified and I may be sent home</p>	<p>I give my permission for the above student to join the Spring Folly retreat and participate in all group activities. In the event of an emergency, I authorize the leader of my child's youth group or a retreat leader in charge of medical care to consent to any x-rays, medical, dental or surgical diagnosis, treatment and hospital care as advised and supervised by an appropriate physician who is practising under the laws of Ontario. I expect to be contacted as soon as possible in the course of such an event.</p> <p>I also understand that if my child is in breach of the student cooperation agreement, I may be required to pick them up from the retreat immediately.</p>
Student Signature: _____	Parent Signature: _____
Date: _____	Date: _____