



Spring Folly Registration Form

April 24-26, 2026 www.springfolly.com



Cost: \$110/Teen; \$30/Youth Leader

Mail To: Spring Folly, c/o Bethany Shantz, 21 Parker Ave,
Sault Ste. Marie, ON P6B 1G6

Or register online at <http://springfolly.com/register/>

YOUTH GROUP INFORMATION

Youth Group/Church:

Youth Leader(s):

PERSONAL INFORMATION

Spring Folly is for students aged 14 (by December 31st) to 20

Name Teen OR Youth Leader

Date of Birth: D M Y Age: Male OR 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)!

At C.A.S.S. (Central Algoma Sec. School) OR At Home OR With Friend/Family

If you're staying with a friend/family, please provide contact information below...

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... I Do not give photo consent

STUDENT COOPERATION AGREEMENT

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:

-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.

NOTE: We can not be responsible for lost or stolen items.

Please leave valuables at home.

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

Student Signature: _____

Date: _____

PARENTAL AGREEMENT

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.

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.

Parent Signature: _____

Date: _____