## **Spring Youth Retreat**

## Presbytery of the Northern Plains "Youth Connection Team" May 2-4, 2025 @ Bismarck 1<sup>st</sup> Presbyterian Church Grades 6-12

Youth and Adult Participant Information:			
Full Name	Age	Grade _	Gender
Address	City		State
Home Phone Person	al Cell Phone		<del></del>
Home Church			
Allergies? (please list)			
Medications?			
*Please let Chaperone or Event Leader kn	ow if Medications .	should be pa	id attention to.
<b>Emergency Contact Information:</b>			
Parent/Guardian Name(s)	Relation	on	
Phone # Ce	11 #		
Email Address			
Medical Insurance Carrier			
Policy #			
Medical and Photo Relea	se for Treatment o	of a Minor	
I/We, the undersigned parents of	or the undersigned uired while my ching is cian to order x-rareached in an emetreatment for and the chern Plains to safel other means of comparison.	to seek the a ild is attendinally, routine to rgency, I her o order inject y publicize pumunication.	appropriate medical and or in route to and ests, and treatment for reby give permission to tions and/or anesthesis pictures of my child
Participant Agreement	t (Youth and Chan	erones)	
No weapons (knives, etc.), drugs, alcohol, of in all scheduled activities and honor all meetings to committee and if sent home it will be at your own or rules:  Participant's Signature	or tobacco products mes. Any infractio expense. I understa	s allowed. Ev n will be dea nd and will o	alt with by the Youth comply with the above
i arucipani s signature		Date	

Please return this form with registration fee of \$50 by April 15<sup>th</sup> to Donna Preston, Box 276, Grandin, ND 58038. Checks should be made out to Presbytery of Northern Plains.