

LCMC IMPACT Youth Retreat Registration Form

Youth Information

Full Legal Name: _____

Sex: Male / Female (circle one) Date of Birth: _____ Grade: _____

Address: _____

Phone Number: _____

Email: _____

Parent Information

Parent/Guardian Full Name: _____

Address: _____

Phone Number: _____

Email: _____

Church Name: _____

(List the church group you are coming with even if that is not your home church)

Church Address: _____

Chaperone Name: _____

Please mail this form and make check to:

Registration Fee: \$50/person

Northwest District LCMC

_____ My check is enclosed

400 Circle Dr.

_____ Fee paid by the church

Cut Bank, MT 59427

***Due to a generous donation from the LCMC NW District our registration fees have been discounted.

Release & Waiver of Liability Agreement/Medical & Media Release Form

I give my permission for this child to participate in all aspects of the retreat program except as noted above. I understand that it is my responsibility to bring any special concerns, medical or otherwise, about my child to the attention of the chaperone before or at the time of time of registration. In the event I cannot be reached in an emergency, I hereby give permission to camp staff and/or chaperone to secure and administer treatment, including hospitalization, ordering injections, anesthesia, x-ray or surgery as deemed necessary for my child named above. I accept responsibility for payment of such services. I will in no way hold Shoshone staff members, LCMC Board Members, retreat leaders or chaperones liable. I understand choosing to send this child to this retreat may increase their risk of being exposed to communicable diseases such as flu or COVID. For the safety of other campers and leaders, I agree to not send this child if I suspect they are ill. I give my permission for any picture or video taken of my child to be used for promotional purposes unless I note otherwise. BY SIGNING THIS DOCUMENT I acknowledge these policies and affirm that I am the legal parent and/ or guardian of the camper listed above.

Signature

Date

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MEDICAL INFORMATION

Please complete, sign, and return with registration form. Must be filled out & signed by the custodial parent/guardian.

Camper's Full Name: _____

Date of Birth: _____ Gender: Male / Female (circle one) Height: _____ Weight: _____

Are Immunizations Current? Yes / No (circle one) Date of last tetanus shot: (month/year) _____

Allergies/Asthma/Other Concerns: (Indicate if allergy is airborne, touch, or ingested exposure)

Food Allergy? _____ Severity: _____

Insect Allergy? _____ Severity: _____

Other/Medication Allergies? _____ Severity: _____

Has this camper ever experienced asthma (exercise induced or otherwise): Y / N

Camper needs an: EpiPen Inhaler Reason: _____

Please list any physical medical conditions (Diabetes, Heart Condition, mobility, etc.) Please Give Details:

Please list any current mental health diagnosis (ex: ADHD, depression, anxiety, etc.):

Please list past medical treatments, surgeries or injuries (which may affect camp life or emergency care):

Please list all medications, including OTC and vitamins, the camper will be taking at camp.

Be specific and add additional pages as needed for instructions and additional items.

Medication	Dose	When is it taken?	Why is it taken?

If needed, can designated staff administer acetaminophen/ibuprofen according to dosage guidelines? Y / N

Please label all inhalers, EpiPens, medications with the camper's name in permanent marker. All items will be held and administer by staff. Please communicate medication needs with your chaperone upon registration.

EMERGENCY CONTACT INFORMATION: List at least one contact, must be someone OTHER than a parent.

Full Name	Phone Number	Relationship

CAMPER'S MEDICAL INSURANCE INFORMATION:

Insurance Company: _____ Policy #: _____

Group #: _____ Policy Holders Name: _____ Phone#: _____

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STUDENT CONDUCT FORM - IMPACT RETREAT 2024

Student Name: _____

Chaperone Name: _____

Student Behavior:

1. Students and chaperones are expected to conduct themselves according to these guidelines for the duration of the trip (from the time your group begins the journey to the camp to the very end of the trip when your group is reunited with their families).
2. **Appropriate displays of affection** may include side hugs, shoulder-to-shoulder hugs, pats on the head, shoulder or back, handshakes, high-fives, arms around shoulders and touching hands, faces, shoulders and arms.
3. **Inappropriate displays of affection:** Even if in fun or as “horseplay” it is not acceptable for adults to engage with youth or youth to engage with one another in full frontal hugs, kisses on the mouth, touching bottoms, chests or private areas, showing affection in isolated areas of a building, touching knees or legs, wrestling, piggyback rides, tickling, massage or any form of affection unwanted by a youth.
4. **Appropriate Verbal Interaction** -includes positive reinforcement, appropriate jokes, encouragement and praise.
5. **Inappropriate Verbal Interaction** - Avoid any form of name calling, sexually oriented conversations with and between teens, involving youth in the personal problems of leaders, having secret elements of any relationship with youth, compliments related to physique or body development, cursing, off-color or sexual jokes, shaming, belittling, derogatory remarks or harsh language that may frighten, threaten or humiliate.
6. **Safe Media, Internet and Social Media Guidelines** – The youth and their chaperones shall not watch restricted, adult or age-inappropriate movies videos. The sharing of inappropriate or unsupervised internet access and texting between adult leaders and youth under 16 without parental permission is not allowed. Cell phones may be collected by retreat leaders and safely stored for the duration of the trip. With permission from a chaperon and event leader a youth may be given their cell phone to contact their parents for relevant matters.
7. If a student observes the injury of a fellow student or chaperone, inappropriate behavior or behavior that violates these guidelines by students and other emergencies should be immediately reported to a chaperone. If the chaperone is involved in inappropriate behavior, it should be reported to the camp leaders.
8. Students are expected to dress appropriately. Shorts must be of a modest length, no “short shorts” are allowed. Shirts and tops should not display offensive language or pictures (language and pictures that do not reflect a Christian’s high calling in Christ). Shirts and tops should cover the midriff.
9. Students must be in their assigned cabin at the conclusion of the last scheduled evening activity. Students must not leave their room or have anyone enter their room past the designated curfew time for that evening. Students should only leave in case of an emergency and must notify the chaperone.
10. If a youth engages in activities in contravention of these guidelines and is asked to stop and refuses, the youth should be removed. The youth’s parents or guardians should be contacted, and the situation explained, and a request made for the parent/guardian to come and remove the youth immediately.

Student Signature

Date

Student Name - Print

Parent/Guardian Signature

Date

Parent/Guardian Name - Print