

RETREAT ENROLMENT FORM FOR ADULTS

PRIVACY POLICY

- Signature** _____ **Date** _____

ENROLMENT FORM

Event Attending: _____ **Location:** _____

Name: _____

Phone	Email
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Address: _____

Street address	City	Province/State	Postal/Zip Code

RELEASE AND WAIVER OF LIABILITY

IN CONSIDERATION of Community of Christ accepting my enrolment I agree to this Release and Waiver of Liability.

- Signature** **Date**

PHOTO RELEASE

Created on January 23, 2008

Signature _____ Date _____

MEDICAL INFORMATION

Medical Information for: _____ (camper's full name)

The following questions are for informational purposes only and all answers will be held in strict confidence. This information is required to help ensure your health, safety and, if required, effective medical treatment.

Allergy to foods, medications (if none, so state) _____

Are you currently under a physician's care for any acute or chronic medical condition? Yes___ No___
 If yes, please explain _____

Do you carry *non-prescription* medication on their person? (if none, so state) _____
 Medication(s) and purpose _____

Do you require *prescription* medication? (if none, so state) _____
 Medication(s) and purpose _____

Physician _____ Phone () _____

Health Card Number _____

Permission for Medical Treatment

I, the undersigned, hereby authorize any necessary medical treatment for myself. I also guarantee payment of all charges incurred during this medical treatment (physician, hospital, x-ray, lab, medicines, ambulance, other)

Signature _____ Date _____