

Seven Shades NorthEast Regional Retreat Registration Form

Name _____

Address _____

Email Address

Phone Number (H) _____ (C) _____

(W) _____

Age _____

If under the age of 18:

Parent/Guardian's

Name _____

Parent/Guardian's

Email _____

Parent/Guardian's Phone Number (H) _____

(C) _____ (W) _____

Allergies: Yes _____ No _____

If yes:

To what, and what kind of reaction do you
have? _____

Medical conditions: Asthma _____ Diabetes/Hypoglycemia _____

Other _____

Medications taken on daily basis and times:

(optional for adults, must be filled out for minors so that someone can
ensure that medications are taken)

Registration cost: \$200

Amount included with registration: _____

Amount owed: _____

There may be times when video recording and photographing will take place
for future Seven Shades promotional purposes. It is not mandatory to be
filmed. If you do not wish to be in the videos or photos, please indicate this
below.

Do you wish to be filmed/photographed? Yes _____ No _____

Do you have transportation to the camp site? Y__ N__

If yes, would you be willing to bring other people? Y__ N__

If no, where do you need to be picked up from? (i.e. Home, nearest Masjid,
Airport) _____

Address:

Long sleeve T-shirt size: Med___ Large___ X-Lg___ 2X-Lg___ 3X-Lg___ 4X-Lg___

I, _____ hereby agree that should anything happen to me during this trip I will not hold Seven Shades nor YMCA Camp Jewell or any of their affiliates accountable and will hold sole responsibility for myself.

Attendee Signature _____

I, _____ give _____ permission to attend the Seven Shades NorthEast Retreat on the dates of January 1, 2010 to January 3, 2010 at YMCA Camp Jewell. I hereby agree that should anything happen to my dependent during this trip I will not hold Seven Shades nor YMCA Camp Jewell or any of their affiliates accountable and will hold sole responsibility.

Should any medical emergency happen and my dependent need higher medical attention, i.e. a hospital, I can be reached at the above stated numbers. If I am not available you have permission to contact _____ as secondary emergency

contact at one of the following numbers. (H) _____

(C) _____ (W) _____. If

necessary this information can be used: Insurance

carrier _____ Group ID

number _____ Primary Card

holder _____.

Primary Physician _____ Phone

Number _____

Parent/Guardian

Signature _____