

CHRIST REDEEMER CHURCH/CHRIST MEMORIAL CHURCH  
MEDICAL AND LEGAL RELEASE FORM

In consideration of being accepted by Christ Redeemer Church & Christ Memorial Church, for participation in a youth retreat to Storrs Pond Recreational Area, NH, from July 12 through July 17, 2010. I, the undersigned, hereby give permission for any and all medical attention to be administered to my child/myself in the event of accident, injury, illness, etc. as deemed necessary by the leaders of this youth event. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said Christ Redeemer Church & Christ Memorial Church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

I do hereby release, forever discharge and agree to hold harmless Christ Redeemer Church & Christ Memorial Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described event, including recreation or work activities. The undersigned further agrees to hold harmless and indemnify said Christ Redeemer Church & Christ Memorial Church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred attendant thereto.

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Parent/Guardian Name printed: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ (date) \_\_\_\_\_

Make checks payable to Christ Redeemer Church: \_\_\_\_\_ (amount paid)

Name of Friend who invited you (if applicable) \_\_\_\_\_

Would you like to receive info on future youth events? Yes \_\_\_ No \_\_\_

Would you like someone to contact you about helping with the Service Project Day on Wednesday, July 14th? Yes \_\_\_ No \_\_\_

2010  
YOUTH RETREAT  
STORRS POND, HANOVER, NH  
7<sup>th</sup> – 12<sup>th</sup> Graders Welcome!



Monday, July 12<sup>th</sup> – Saturday, July 17<sup>th</sup>

Camp Registration Fee:  
\$120 by June 30<sup>th</sup>  
\$130 by July 7<sup>th</sup>

FOR QUESTIONS OR MORE INFO CALL: 603-643-5588

SEND REGISTRATION/MEDICAL INFORMATION FORM,  
MEDICAL & LEGAL RELEASE FORM & FEE  
TO THE CHRIST REDEEMER CHURCH OFFICE



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• P.O. Box 5523 •  
• Hanover, NH 03755 •  
• 603-643-5588 • office@christredeemerchurch.org •  
• www.christredeemerchurch.org •  
• Don Willeman, Pastor •

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# CRC/CMC/RGC 2010 Youth Retreat

## Things you'll need to bring:

- \$20 cash (spending money)
- Bible
- Spiral Notebook
- Pens (2-4)
- Water bottle
- Sleeping Bag
- Pillow
- Swimsuit
- Beach Towel
- Toiletries
- Bath Towel
- Comfortable clothes
- Sweatshirt
- Warm Clothes for Cold Nights
- Raingear for Wet Weather
- Sunscreen
- Bug Spray
- Flashlight
- Sneakers for Sports
- Medication if Needed

## Things to look forward to:

- Tubing down the White River
- Service Project Day, Wednesday, July 14th
- Swimming and Canoeing
- Daily Bible Studies
- Nightly Program and Personal Sharing
- Skit Night
- Joining our friends from Christ Memorial  
Christ & Redeeming Grace Church

### Three great ways parents and other adults can help:

- 1.) Volunteering over the course of the week with setup, take down, serving at camp, help on Service Project Day, etc.
- 2.) Need for available drivers and vehicles for Service Project Day and White River Tubing Trip.
- 3.) Pray that God would be honored in the lives of both the youth and leaders.

Please contact the CRC office at 603-643-5588, if you would like to help.

## Registration/Medical Information Form

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Physician/Phone: \_\_\_\_\_

Dentist/Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Group #/ID#: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

List any pre-existing medical conditions: \_\_\_\_\_

\_\_\_\_\_

List current medications/dosage: \_\_\_\_\_

\_\_\_\_\_

List any food or drug allergies: \_\_\_\_\_

\_\_\_\_\_

Anything else we should be aware of? \_\_\_\_\_

\_\_\_\_\_

FOR ANY QUESTIONS: Contact Carissa Means at 708-574-2285

Would you like CRC to keep this info on file for easier registration for future events? Yes \_\_\_\_\_ No \_\_\_\_\_