

# Sky Ranch Crazy Christians Retreat

## March 3-4, 2012

### Enrollment Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Parents' Names: \_\_\_\_\_  
(Mother) (Father)

Home Phone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

I am willing to chaperone: \_\_\_\_\_ Drive car: \_\_\_\_\_ Ride van: \_\_\_\_\_

I understand enrollment is complete when the following items are on file:

- Full payment of \$100.00 for students and \$50 for chaperones is due by February 12th. This fee includes Sky Ranch activities, lodging, meals, and transportation. (Checks are accepted or payment may be made on-line at [www.fumccoppell.org](http://www.fumccoppell.org).) Additional funds may be brought by children for horseback riding (\$15) and snacks or gift shop purchases.
- Participants must supply a copy of current insurance card (*front and back*).
- Participants and chaperones must sign a Sky Ranch Release form .
- Participants and at least one parent must attend a brief retreat meeting on Sunday, February 12th at 3:00 pm in the Rotunda to discuss guidelines and sign release forms.

#### Medical Release Form

I, \_\_\_\_\_ do hereby give my permission for my child to participate in the activities sponsored by Crazy Christians at First United Methodist Church. I also consent to any hospital, medical, or surgical care and treatment as well as the administration of anesthesia as determined by a qualified physician to be necessary for the welfare of my child while said child is under the care, custody, and control of the Crazy Christians staff of FUMC, Coppell, and I am not reasonably available in person or by telephone to give consent.

Medical history: known allergies to food, drugs, bee stings, etc.: \_\_\_\_\_

\_\_\_\_\_

List all prescription medications currently taken: \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Office Use

Paid: Date \_\_\_\_ Check # \_\_\_\_ /Cash \_\_\_\_ Copy of Current Insurance Card \_\_\_\_ Sky Ranch Release Form \_\_\_\_