

# I aM a CHILD OF GOD (JOHN 1:12)

## 2022 CONFIRMATION FALL RETREAT

Outlaw Ranch in Custer, SD

**Saturday, Oct 1st** depart from Calvary at 10:30am

**Sunday, Oct 2<sup>nd</sup>** return to Calvary by 2 pm

Student \_\_\_\_\_

Parent(s) \_\_\_\_\_

I can transport (if needed:) \_\_\_\_\_ (number) of students with seat for each

I can chaperone (if needed) Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ e-mail \_\_\_\_\_

My Student will need: (Transportation) Yes \_\_\_\_\_ No \_\_\_\_\_

Scholarships are available please just talk to Pastor David:

I give permission for {Student's Name} \_\_\_\_\_ to participate in the activities of Calvary's Confirmation Retreat. I agree that the church or its personnel will not be held responsible for any accident that may occur. In the event I cannot be reached in an emergency, I give permission to the physician, selected by the adult leader in charge, to hospitalize, secure anesthesia, to order injections, or surgery for my child.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor is \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact person(s) other than parents: \_\_\_\_\_ Phone \_\_\_\_\_

**INCLUDE \$80 REGISTRATION FEE WITH THIS FORM**

Checks to: *Calvary Lutheran Church.*

**Return this form along with payment to the church office no later than:**

**WEDNESDAY, SEPTEMBER 21**

Please complete other side of this form!

**Optional Activity/ \$20:**  
Horseback Trail Rides

YES  NO

**OUTLAW RANCH & NESODAK  
RETREAT PARTICPANT Information and PERMISSION FORM**

RETREAT: Calvary Confirmation Retreat      DATE OF RETREAT: October 1st and 2nd

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT OR GUARDIAN (if minor): \_\_\_\_\_

ADDRESS; \_\_\_\_\_

PHONE - DAY: \_\_\_\_\_ EVENING: \_\_\_\_\_ CELL: \_\_\_\_\_

INSURANCE NAME & POLICY NUMBER \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IN CASE QF EMERGENCY PLEASE NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

Any time health care outside the camp community is needed parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here \_\_\_\_\_

**LIST CONOITIONS YOU MAY HAVE:**

Dietary restrictions: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Description of any recent or current physical or mental conditions requiring special restrictions; treatment, or considerations while at camp: \_\_\_\_\_

***Retreaters are responsible for taking their own medications. Adult advisors can handle/hold the medications for minors if parents/guardians would prefer.***

Medications to be given at camp: \_\_\_\_\_

Any over--the-counter medications NOT to be taken at camp: \_\_\_\_\_

This health history is correct so far as I know, and I understand the risk in engaging in all prescribed camp activities. **Authorization for Treatment:** I hereby give permission to the camp health care personnel to provide routine health care, and to the medical personnel selected by the camp director to order X-rays, routine tests, treatment., and necessary transportation for me or my child; and, in the event I can't be reached in an emergency, to secure and administer treatment, including hospitalization, for me or my child. I give permission for me or my child's photo to be used for publicity purposes.

Signature of Parent/Guardian

Or Adult Camper: \_\_\_\_\_ Date: \_\_\_\_\_



# HORSE RIDE EMERGENCY & LIABILITY FORM

## OUTLAW RANCH

12703 Outlaw Ranch Road, Custer, SD 57730

605-673-4040 phone

605-673-3044 fax

DATE: ..... NAME: .....

ADDRESS: .....

CITY: ..... STATE: ..... ZIP: .....

PHONE NUMBER: ..... BIRTHDATE: \_\_\_\_-\_\_\_\_-\_\_\_\_ MALE FEMALE

PARENT OR GAURDIAN (if minor): .....

ADDRESS: .....

DAY PHONE: ..... EVENING PHONE: .....

I WILL RIDE Outlaws Horse \_\_\_\_\_

### IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: ..... Relationship: .....

Address: ..... Phone: .....

### LIST ANY CONDITIONS YOU MAY HAVE:

Dietary restrictions: .....

Any known allergies: .....

Respiratory problems: .....

Heart defects: .....

Recent operations or illnesses: .....

Medications: .....

Visual impairments: ..... Physical impairments: .....

Other special restrictions or considerations while at camp: .....

**Warning: under South Dakota Law, an equine professional is not liable for any injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to SD 42-11-2.**

This health information is correct so far as I know, and I understand the risk in engaging in all prescribed camp activities. **Authorization for Treatment:** I hereby give permission to the camp health care personnel to provide routine health care, and to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me, and to secure and administer treatment, including hospitalization. I give permission for my or my child's photo to be used for publicity purposes.

Signature of Parent/Guardian  
Or Adult Camper .....

Date: .....