

TREE (The Retreat Experience)

"Building young leaders with Integrity"

Matthew 22: 37-39

TEENAGE, COLLEGE STUDENT AND CAREER YOUNG ADULT RETREAT

REGISTRATION

This form can be mailed to the attention of **Retreat Director**, 6639 Braddock Place, Dallas, TX 75232 make checks payable to Love Ministries. **Deadline - May 5, 2019**

(Retreat dates: May 17-19 2019)

Ages 13 & over (College Students & Career Young Adults included)

*****Reserve your space today by e-mailing your name, age, telephone # & address, t-shirt size with the words (Retreat 2019 registration) to myra_j@prodigy.net

Fax: 214-333-9885

www.treeretreat.org

NAME _____ Date Registered _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

E-mail _____ Age _____ Sex: _____

Check Category

*** Must be registered by May 5 to reserve a place ***
check t-shirt size

Teen Small Medium Large

College Student XLarge 2XLarge 3XLarge

Career Young Adult 4XLarge 5XLarge 6XLarge

Sponsor/Advisor *Add \$4.00 to registration for 2X, 5.00 for 3X, 6.00 for 4X, 8.00 for 5X, 9.00 for 6X

Youth Pastor Transportation Needed? Yes No

Other _____ Payment Included

COST: \$150.00 due by May 5 (includes 3 days, 2 nights, 5 meals, activities)

*No refunds after May 5, 2019

TREE (The Retreat Experience)

REGISTRATION PAYMENT INFORMATION

Retreat Registration Fee: \$150.00 Due by May 5

\$ 150.00

*** Must be registered by May 5 to reserve a place***

*Add \$4.00 to registration for 2X, 5.00 for 3X, 6.00 for 4X, 8.00 for 5X, 9.00 for 6X

T-shirt Fee (2X, 3X, 4X, 5X, 6X)

Total Amount Due (Registration Fee + T-shirt Fee):

Amount Paid:

Balance Due (Total Amount Due - Amount Paid):

NAME _____

Date Registered _____

ADDRESS _____

PHONE _____

CITY _____

STATE _____

ZIP _____

E-mail _____

Office Use

Balance Paid

Date Paid: _____

Forms Received

Ready For Departure

Select If T-Shirt Included with Registration

Retreat Administrator Signature _____

Date _____

TREE (The Retreat Experience) Love Ministries **Permission Form**

(Ages 17 and under must submit a signed form)

I give my child _____ Age _____

permission to attend **The Retreat Experience** at **Hoblitzelle Camp and Conference Center, Waxahachie, TX**

from (Date) _____ through (date) _____

My child will need TREE transportation to this ministry: Yes No

If not, my child will be transported by _____

Emergency telephone number where parent can be reached this weekend: _____

Alternate Emergency telephone number where parent can be reached this weekend: _____

I understand my child will be attending under the supervision of the directors & sponsors of this Retreat and all adults at the camp. I understand that I will be required to pick my child up before the completion of this ministry, if parental discipline becomes necessary. I understand and agree with the **guidelines for attire** located on the **Retreat Information Sheet**.

Parent Signature _____ **Signature Date** _____

Parent/Guardian Name Print _____

“Building young leaders with integrity”

TREE (The Retreat Experience) Love Ministries CONSENT AND RELEASE Form
(Ages 17 and under must submit a signed form) **Page 1 of 2**

I promise to obey the rules and regulations of the Retreat Center, & Love Ministries. I will cooperate with the directors, sponsors and leaders.

I am attending with _____ Church/Organization

Attendee's Name _____ Sex: _____ Age _____ Grade _____

Birth Date _____ Address _____

City _____ State _____ Zip _____

Are you a Christian? _____ Church Member? _____

Membership where? _____

Dates for the required immunizations for the following: **DATES ARE REQUIRED**

Polio _____ DPT _____ Measles _____ Mumps _____

Rubella _____

List allergies:

Medication now
being taken?

Family Physician: _____ Physician Phone: _____

Parent/Guardian's Insurance Policy # _____

Insurance Company Name _____

Insurance Address _____ Insurance Phone _____

Ins City _____ Ins State _____ Ins Zip _____

TREE (The Retreat Experience) **CONSENT AND RELEASE Form**

(Ages 17 and under must submit a signed form) **Page 2 of 2**

Activities I do not wish
my child to participate
in include:

Telephone # in case of emergency: Home

Telephone # in case of emergency: Office

Telephone # in case of emergency: Cell

I, the undersigned parent or guardian, hereby consent to my child participating in activities of the retreat camp, a ministry sponsored by Love Ministries. I do hereby indemnify and hold harmless, Love Ministries while traveling to and from the retreat, the Camp site, and their sponsors, officers, drivers, directors, volunteers and representatives from and against any and all liability, damages, actions, causes of action, claims, losses and or expenses, including but not limited to attorneys fees, court costs and expenses, arising in connection with or based on injury to or death of any persons or property, including the loss of use thereof, caused in whole or in part by any member of the Group or the Group Leadership. I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Texas. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and have understood.

Attendee's Social Security #

for emergency use only

Attendee's Signature

Attendee (Print)

Signature of Parent or Legal Guardian:

Parent or Legal Guardian (Print):

Date
