

# MEN'S RETREAT CONSENT FORM

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

In case of medical emergency or general medical care, I, \_\_\_\_\_ give my consent to receive medical attention by authorized personnel. I understand that Oak Pointe Church Staff will do all they can to ensure a safe and fun activity. I understand that accidents can occur and I will not hold Camp Geneva or Oak Pointe Church responsible for accidents or injuries.

Required Signature: \_\_\_\_\_

## **THE FOLLOWING SECTION IS FOR THOSE WHO DID NOT REGISTER ONLINE**

### PERSONAL INFORMATION

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

### MEDICAL INFORMATION

This information will only be shared with the retreat planning committee (your cabin leader), and Camp Geneva staff, in case of emergency.

Special Dietary Needs: \_\_\_\_\_

Please describe any medical conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

### ROOMING INFORMATION

Requested Roommates:

\_\_\_\_\_

\_\_\_\_\_

In light of any physical limitations, do you need a lower bunk reserved?  Yes  No

### PAYMENT I'VE INCLUDED

Check

Number: \_\_\_\_\_

Amount: \_\_\_\_\_

Cash

Amount: \_\_\_\_\_