

**Young Women's Retreat – Registration Form  
Girls Ages 14-18  
September 9, 2018  
Indian Creek Camp**

**Please complete registration form & Authorization and Medical Release Form. Make**

**\$25. check or money order PAYABLE to KY-TN CONFERENCE OF SDA – mail to:**

**Kentucky-Tennessee Conference of SDA  
Women's Ministries Department  
P.O. Box 1088, Goodlettsville, TN, 37070**

Retreat Attendee's Name (please print)

\_\_\_\_\_

Grade as of August \_\_\_\_\_ Date of Birth/Age \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address \_\_\_\_\_ Home/cell phone \_\_\_\_\_

Parents' name & phone number \_\_\_\_\_

Church you attend (if applicable) \_\_\_\_\_ City \_\_\_\_\_

Group you're attending retreat with, if applicable \_\_\_\_\_

First Young Women's Retreat? \_\_\_\_\_ Yes \_\_\_\_\_ No

Cabin Mate Request:

Church or School Group: \_\_\_\_\_

OR Specific Person (include their group name or where they're from): \_\_\_\_\_

***Cabin Check In - 3:00pm to 5:45pm on Friday. Dinner - 6:00 pm in Cafeteria.***

**Questions: call Crista Crittenden | (931) 588-1621**

**Indian Creek Camp address: 150 Cabin Circle Dr., Liberty, TN 37095**

**KY-TN Conference of SDA Young Women's Retreat - September 9, 2018**

**Authorization and Medical Release Form**

**Retreat Attendee's Name:** \_\_\_\_\_ (Please Print)

Emergency Authorization: In case of emergency, I hereby give permission to the physician selected by the camp directors and/or retreat staff to hospitalize, secure proper treatment for, and to order the injection, x-ray, anesthesia or surgery for my child. I also give permission to the camp caregiver and/or retreat staff to administer over the counter drugs to my child as necessary.

Health Statement: Please list any special health needs that Indian Creek Camp staff and/or retreat staff need to be aware of, or if there's anything else you'd like the camp personnel and/or retreat staff to know.

\_\_\_\_\_  
\_\_\_\_\_

The attendee agrees to bring any and all necessary medications such as inhalers, epinephrine shots, etc., to the retreat for use under the supervision of the retreat nurse.

The health statement is correct so far as I know. I have read and understand the Emergency Authorization statement and give full consent to the terms found therein. (This form may be photo copied for use out of the camp).

As parent or legal guardian of the retreat attendee, I am in favor of her attending Young Women's Retreat at Indian Creek Camp, participating in all activities unless otherwise specified and accept the conditions named. I hereby release the KY-TN Conference of Seventh-day Adventist Association, Women's Ministry Department, Indian Creek Camp and its employees and retreat staff from liability in case of accident or illness. I support the policies of Indian Creek Camp and the attendee agrees to abide by these policies. I also give permission to Indian Creek Camp and KY-TN Conference of Seventh-day Adventist Association, Women's Ministry Department, to use slides, photographs or video taken of the applicant during this weekend retreat for the purpose of advertisement or as otherwise needed.

I authorize the school or church representative or other chaperone here listed to transport my daughter(s) to and from the retreat. If no name is listed below, it is understood that the parent or legal guardian will transport the attendee.

**Name of person to transport my daughter(s): IMPORTANT INFORMATION – PLEASE COMPLETE**

\_\_\_\_\_

**Form will not be processed without the following signatures and parent/guardian phone number:**

**As the attendee, I agree to abide by all camp regulations and policies, per the above stated, and to uphold its objective.**

**Retreat Attendee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_