



Let
Love
Lead

2019 Montreat Youth Conference

July 7-13

Summer is closing in, and with it comes our annual Montreat Youth Conference trip! We'll be staying in the South Carolina Inn again this year, and all rising 9th-completed 12th grade youth are invited to attend.

After some generous gifts from the church we're able to offer this trip for \$250 per youth! Please turn in a deposit of \$100 by May 28.

If you have any questions, feel free to contact Brock McLeod at brockm@aikenpresbyterian.org.

Montreat 2019 – Student

Deposit Received

FPCA Mission Retreat Registration & Medical/Liability Release Form

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____ SSN: ____-____-____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Parent/Legal Guardian Name(s): _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Health History

Allergies and other conditions: (please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Heart | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Frequent Stomach Upsets | <input type="checkbox"/> Diabetes | |

If you checked any of the above or have other health conditions, please give details (i.e., include normal treatment of allergic reactions):

Student Name: _____

Date of last tetanus shot: _____

Name and dosage of any routine medications:

Swimming restrictions: No Yes, Explain _____

Activity restrictions: No Yes, Explain _____

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? _____ No _____ Yes (*If yes, please complete information below*)

Carrier: _____ Policy #: _____

Carrier Address: _____

Carrier phone number: _____

Policyholder's name and SSN: _____

Please attach a copy of your medical insurance card.

All information is kept confidential and is used for the sole purpose of providing a safe environment for the student participants at First Presbyterian Church of Aiken.