

real girls. real issues. real god.



**Radiant**  
Girls Retreat

*Treasure*

April 16-18, 2010

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_  
Can we text you? \_\_\_\_\_ School: \_\_\_\_\_  
Home Church: \_\_\_\_\_ Youth Pastor/Leader: \_\_\_\_\_

Registration Fee: \$75 (must be postmarked by April 1<sup>st</sup>)

### **RADIANT GIRLS RETREAT T-SHIRTS**

The price of the T-SHIRT is covered by the registration fees.

Small     Medium     Large     X-Large

### **ADDITIONAL INFORMATION**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Parent/Guardian's Cell Phone: (     ) \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Member's Name: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications being taken: \_\_\_\_\_

### **STUDENT RELEASE**

*In the event of a medical emergency, I do hereby give my permission for the responsible leader, adult sponsor, or staff member of Victory Mountain Youth Camp/ Wesleyan Youth Staff to make any necessary medical decisions regarding treatment for my son/daughter without the necessity of notifying me, and do further agree to hold blameless any physician, hospital, or medical center for rendering such services. I do understand that if an emergency should occur, every effort will be made to contact me as soon as possible. I also give permission to VMC/ Wesleyan Youth Staff to use film or video for promotional purposes.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name of Parent/Guardian: \_\_\_\_\_

**RETURN COMPLETED FORM AND PAYMENT TO YOUTH LEADER!**

**NOTE: YOU WILL NOT BE ALLOWED TO STAY AT CAMP UNLESS A  
COMPLETED REGISTRATION FORM IS SUBMITTED.  
ABSOLUTELY NO EXCEPTIONS!!**