



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

<b>RADIANT GIRLS RETREAT T-SHIRTS</b> **Included with registration**	
____ Small	____ Medium
____ Large	____ X-Large
____ XX-Large	____ XXX-Large

**Registration Fee: \$80 (must be postmarked by April 12)**

**April 20-22, 2012**

**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 YOUR WESLEYAN YOUTH LEADER\*\*\***