



**YOUTH IN 6TH-12 GRADE ARE WELCOMED TO JOIN US FOR  
 OUR TWIN CITIES MADNESS (ALMOST) WINTER RETREAT  
 DECEMBER 9-11  
 FRIDAY, DECEMBER 9, DROP OFF AT ST. STEPHEN @ 5PM  
 SUNDAY, DECEMBER 11, PICK UP AT REDEEMER AT 11AM  
 COST \$115**



**EMBASSY SUITES  
 HOTELS\***



REGISTRATION AND \$50 DEPOSIT DUE NOV. 9



Participant's Name \_\_\_\_\_

DOB \_\_\_\_\_

Address \_\_\_\_\_

Participant's Cell \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Guardian's Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact's Cell \_\_\_\_\_

I can drive to Sam's Christmas Village on 12/9 ( I need 4 drivers for this) \_\_\_\_\_

I can drive to Sam's Christmas Village and spend the night at St. Stephen on 12/9 \_\_\_\_\_

I can drive and sleep at Embassy Suites on 12/10 (I need 4 chaperones for this) \_\_\_\_\_

I give permission for my child (named above) to attend this event with Redeemer and St. Stephen Lutheran Churches. I further give permission for my child to be transported to and from multiple locations

**Medical Release**

I hereby authorize the Youth Group leaders, volunteers, Redeemer and St. Stephen Lutheran, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

**Custody Release**

I further authorize the Youth Group leaders of Redeemer and St. Stephen Lutheran Churches to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_