

## July 5-9, 2021 Cascade State Park High School Hiking Retreat

**COST | Early Bird Registration by May 1: \$375 | After May 1 (register by June 1): \$400**

***\$200 deposit due upon registration; please inquire about making smaller incremental payments.***

Thank you in advance for your assistance:

- Please return (via mail or an emailed scan) the following five (5) pages to secure your registration.
- Please enclose a check made out to **Into the Deep** or make a credit card payment online.
- **Deposit is non-refundable after June 1; refund of remaining fee only in case of emergency.**
- Please provide a copy of your medical insurance card.
- Please provide thorough information and **keep a copy for your records.**
- Please return Participant Registration Packet to:  
*(or email to register@idretreats.org)*

**INTO THE DEEP**  
2817 ANTHONY LANE S, #108  
MINNEAPOLIS, MN 55418

Office use:

Earlybird

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PD \_\_\_\_\_ DATE \_\_\_\_\_  
\$ \_\_\_\_\_

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PD \_\_\_\_\_ DATE \_\_\_\_\_  
\$ \_\_\_\_\_

**GENERAL PARTICIPANT INFORMATION**

Circle One: \_\_\_\_\_ At time of retreat

Name: \_\_\_\_\_ Male | Female D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

Church: \_\_\_\_\_ School: \_\_\_\_\_ Entering  
Grade: \_\_\_\_\_

Email: (Parent) \_\_\_\_\_ Primary Adult's Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

<p><b>Experience with CAMPING:</b></p> <p><input type="checkbox"/> Have never slept in a tent</p> <p><input type="checkbox"/> Have camped in my back yard</p> <p><input type="checkbox"/> Have "car camped" (car very close, RV, etc.)</p> <p><input type="checkbox"/> Have camped in back-country area</p> <p><input type="checkbox"/> Have camped a week or more at a time</p>	<p><b>Experience level with HIKING:</b></p> <p><input type="checkbox"/> Have hiked short, easy distances only</p> <p><input type="checkbox"/> Have hiked rough trails a few times</p> <p><input type="checkbox"/> Have hiked rough trails many times</p> <p><input type="checkbox"/> Have hiked a variety of trails since young</p> <p><input type="checkbox"/> Have hiked with a heavy backpack</p>	<p><b>Experience with SWIMMING:</b></p> <p><input type="checkbox"/> I cannot swim</p> <p><input type="checkbox"/> I took beginner lessons</p> <p><input type="checkbox"/> I took a couple levels of lessons</p> <p><input type="checkbox"/> I completed advanced lessons</p> <p style="text-align: center;"><b><input type="checkbox"/> I need a SLEEPING PAD (\$10)</b></p>
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Are you involved in any community, school group or church activities? If yes, what are they?

What are your hobbies? / What are your favorite movies? / What type of music do you listen to?

What are you most excited to do with I.D. Retreats?

To best serve your needs, we would like to know if you have any worries about your retreat experience.  
(for example, are you nervous about being in the woods, camping, getting to know a new group of people, etc.)

**I.D. Retreats Registration and Authorization Forms****YOUTH: 9-12<sup>th</sup> Gr.****Page 2 of 5****PARTICIPANT MEDICAL INFORMATION**

Participation in an **I.D. Retreat** requires the activity level of a person in good health. There will be a considerable amount of hiking over variable degrees of terrain, which may aggravate certain health conditions. You may use an additional piece of paper if necessary to offer more information.

**PARTICIPANT INFORMATION**

Participant Name \_\_\_\_\_

General Fitness Level (Circle One):    1   2   3   4   5   (1 = inactive / poor fitness, 5 = very active / fit)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary Physician's Name \_\_\_\_\_ Primary Physician's Phone Number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

**PARENT/GUARDIAN AND EMERGENCY INFORMATION****Father or Guardian:**

Name: \_\_\_\_\_

Phone (circle best): **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_**Home** Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Place/ Hours of Work:** \_\_\_\_\_**Mother or Guardian:**

Name: \_\_\_\_\_

Phone (circle best): **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_**Home** Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Place/ Hours of Work:** \_\_\_\_\_**Non-Parent/Guardian Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (circle best): **Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_**Home** Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Place/ Hours of Work:** \_\_\_\_\_

**I.D. Retreats Registration and Authorization Forms**

**YOUTH: 9-12<sup>th</sup> Gr.**

**HEALTH INFORMATION**

*Note that this information will be kept confidential and will only be shared if your child is in need of medical care and we are unable to reach you in a timely manner.*

Indicate the date of your child’s last tetanus shot: \_\_\_\_\_

Is your child currently seeing a doctor? If so, please state the reason.

Please list any medications your child is currently taking by name and dosage:

Please list any physical conditions that may limit your child’s ability to participate in activities.

Please list any surgeries or major health problems your child has experienced in the past 10 years:

Please list any medications or foods your child is allergic/sensitive to:

Does your child have any special dietary needs? If so, please explain.

**Into the Deep** does its best to tailor the menu to your child’s needs, but it can be of great help to pack some of your child’s favorite substitution foods like protein bars, allergen free treats, etc. ***Please discuss the menu and all personal food items with us in advance as well as at check-in for proper storage*** (we will have coolers, etc.; never bring food into a tent or leave in a personal backpack).

**Please circle if your child has ever suffered from any of the following. Please explain all that are circled.**

Asthma: \_\_\_\_\_

Needs an inhaler? \_\_\_\_\_

Allergic to Insect Bites/Stings: \_\_\_\_\_

Carries an EpiPen? \_\_\_\_\_

Epilepsy: \_\_\_\_\_

HIV/AIDS: \_\_\_\_\_

Hypothermia: \_\_\_\_\_

Frostbite: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Back Problems: \_\_\_\_\_

Recent Injuries: \_\_\_\_\_

Diabetes: (treated with diet or insulin?) \_\_\_\_\_

Heart Problems: \_\_\_\_\_

Does your child have a medical condition, injury or illness not listed above? \_\_\_\_\_

**I.D. Retreats Registration and Authorization Forms**  
**CONSENT AND RELEASE**
**YOUTH: 9-12<sup>th</sup> Gr.**
**Page 4 of 5**

In consideration of my child's participation in an **I.D. Retreat** (hosted by **Into the Deep**) and the services provided to him/her by **Into the Deep** staff and volunteers, I hereby declare that my child has my permission to attend this retreat. Further, *(please initial the following)*:

I certify that the information above is current, accurate and complete to the best of my knowledge and that **Into the Deep** may use the above information to represent your child's medical needs to a doctor in the event of an emergency.

I hereby grant permission for **Into the Deep** to furnish all necessary transportation, food, and camping accommodations for my child.

I understand that my child will be transported by a person aged 21 years or older in a rented 12 or 15 passenger van. Drivers will have had driver background checks performed.

I acknowledge that **I.D. Retreat** activities may be rigorous and may be in areas that are remote (please consult retreat information or contact **Into the Deep** for particular details on each retreat). I have discussed this with my child.

I understand that there are inherent physical risks involved with outdoor activities, participants who are more or less experienced, interactions with animals, plants or insects, forces of nature/weather, and limited access to medical help or rescue services.

I understand that, in the event of any serious illness, injury, or emergency, **Into the Deep** will make every reasonable effort to contact parents (and/or other emergency contacts) at the telephone number(s) listed above but that the location of retreat activities may inhibit our ability to make phone calls.

In the event of a medical emergency or an incident requiring medical attention (as reasonably determined by **Into the Deep** staff, medically trained volunteers, or a medical services provider), I hereby consent to the administration of first aid, the transfer of my child to a medical facility, and/or the administration of emergency treatment deemed necessary or proper by such facility.

I understand that I am responsible for insurance coverage and medical expenses incurred during the provision of services by **Into the Deep**. Information relating to this coverage is included above, and I agree to provide a copy of the insurance card giving evidence of this coverage.

I understand that I must assume all responsibility and transportation costs should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise.

I acknowledge and agree that **Into the Deep** is not responsible for lost, stolen, or damaged personal possessions.

**SIGNATURE**

I hereby release, absolve, indemnify, and agree to hold harmless **Into the Deep**, its agents, employees, officers, board members, leaders, volunteers, organizers, cooperating priests, sponsors, partner organizations, or organizations who provide services to the retreats. Neither **Into the Deep**, nor any of the said persons shall be held responsible for any injury, illness, or death incurred as a direct or indirect result of this activity.

- I, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.
- Your signature below certifies that the initialed spaces above are a true representation of your understanding of this retreat and its conditions.
- Your signature also gives your medical consent and release to **Into the Deep**, as stated above.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I.D. Retreats Registration and Authorization Forms**  
**PARTICIPANT PHOTOGRAPH RELEASE FORM**
**YOUTH: 9-12<sup>th</sup> Gr.**
**Page 5 of 5**

In consideration of my child's participation with I.D. Retreats and the services provided to me by **Into the Deep**, I hereby grant permission the use of my child's image, whether photographic or video footage, taken while participating in retreat activities. Usage of such images will be limited to **Into the Deep** promotions. Publicity pieces include (but are not limited to) news releases, newspaper and journal articles, or promotional articles and videos, whether in printed form or posted on a related website. I also give **Into the Deep** permission to use my child's first name and state of residence in connection with the use of any such image.

 \_\_\_\_\_  
 Parent/Guardian Signature (for child age 18 or under)

 \_\_\_\_\_  
 Date

**ACTIVITY AUTHORIZATION**

I understand that these activities are a part of this retreat (can vary depending on several factors) and hereby allow my child to participate in the following activities (*please accept with initials*):

- camping in a tent with other participants
- hiking distances of 5-10 miles
- swimming
- wading
- going barefoot when appropriate (including on shoreline / while swimming)
- participate in campfires
- cook over campfires
- pocket knife use
- hatchet/saw use (to prepare firewood)
- participate in night activities (short hike, star gazing, sleep in the open)

**TRANSPORTATION AUTHORIZATION**

The following people are authorized to pick up my child from the retreat:

The following people are **NOT** authorized to pick up my child: