

Oct. 21-24, 2021 Camp Gray & Mirror Lake Mom & Daughter Retreat

TOTAL COST PER PERSON | Early Birds Register by *July 1* | General Registration by *Sept. 1*

CHECK ONE: ☐ Camp Gray **Lodging** Option: **EB \$225** | **After July 1: \$250** | \$100 deposit
☐ Mirror Lake State Park **Camping** Option: **EB \$125** | **After July 1: \$150** | \$50 deposit

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 four (4) 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 Sept. 1; refund of remaining fee only in case of emergency.**
- 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 ☐

PD _____ DATE _____

\$ _____

PD _____ DATE _____

\$ _____

GENERAL PARTICIPANT INFORMATION:

Family: register together on pgs. 1, 2, & 5 but individually fill out pgs. 3 & 4 (note headings for adults & children).

Non-Family: please register with fully separate forms but list your names together here.

At time of retreat:

Name: _____ D.O.B. _____ Age: _____

Name: _____ D.O.B. _____ Age: _____ Entering Grade: _____

Name: _____ D.O.B. _____ Age: _____ Entering Grade: _____

Church: _____ School(s): _____

Email (adult): _____

Phone (circle best): **Home** _____ **Work** _____ **Cell** _____

Street Address: _____

City, State, Zip Code: _____

How much exposure (if any) have you/ your child(ren) had to the Theology of the Body?

What hobbies or activities are you involved in? / What are your favorite movies/music?

What do you hope to get out of a weekend on retreat together?

I.D. Retreats Registration and Authorization Forms**Adult & Child(ren)****Page 2 of 5****PARTICIPANT MEDICAL INFORMATION**

You may use an additional piece of paper if necessary to offer more information.

PARTICIPANT INFORMATION: only need to fill out one set if info is identical

Participant Name _____

Participant Name _____

Primary Physician's Name _____

Primary Physician's Name _____

Primary Physician's Phone Number _____

Primary Physician's Phone Number _____

Health Insurance Company _____

Health Insurance Company _____

Name of Policy Holder _____

Name of Policy Holder _____

Policy Number _____

Policy Number _____

EMERGENCY CONTACT INFORMATION**Emergency Contact #1:**

Name _____ Relationship _____

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

City, State, Zip Code _____

Place/ Hours of Work: _____**Emergency Contact #2:**

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**ADULT****Page 3 of 5****HEALTH INFORMATION***Note that this information will be kept confidential and will only be shared if you are incapable of communicating and are in need of medical care.***ADULT** Participant's Name: _____General Fitness Level (Circle One): 1 2 3 4 5 (1 = inactive / poor fitness, 5 = very active / fit)

Height: _____ Weight: _____ Indicate the date of your last tetanus shot: _____

Are you currently seeing a doctor? If so, please state the reason.

Please list any medications you are currently taking by name and dosage:

Please list any physical conditions that may limit your ability to participate in activities (hiking, sitting for a long time, etc.)

Please list any surgeries or major health problems you have experienced in the past 10 years:

Please list any medications or foods you are allergic/sensitive to:

Do you have any special dietary needs? If so, please explain.

We will take great care to tailor the menu to your dietary needs, but *please discuss the menu with us well in advance.* **Thank you!****Please circle if you have 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: _____

Do you have a medical condition, injury or illness not listed above? _____

I.D. Retreats Registration and Authorization Forms**CHILD****Page 4 of 5****HEALTH INFORMATION****(Duplicate this page for multiple children)***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.***CHILD** Participant's Name: _____

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

Height: _____ Weight: _____ 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 (hiking, sitting for a long time, etc.)

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.

We will take great care to tailor the menu to your child's dietary needs, but *please discuss the menu with us well in advance.* **Thank you!****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
Adult & Child(ren)
Page 5 of 5

In consideration of **you and your child's** participation in an **I.D. Retreat** (hosted by **Into the Deep**) and the services provided to you by **Into the Deep** staff and volunteers, *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 my/my child's medical needs to a doctor in the event of an emergency.

☐ 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 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.

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

☐ I understand that, in the event of an emergency, **Into the Deep** will make every reasonable effort to contact someone at the telephone number(s) listed above but that the location of hiking activities may inhibit our ability to make phone calls.

☐ 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, if applicable, I agree to carry 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 me/my child to return home due to medical reasons, inappropriate/illegal behavior, or otherwise.

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

☐ (*optional*) I grant permission for my/my child's photograph or video to be taken while participating in retreat activities and for these images to be used to promote **Into the Deep** and **I.D. Retreats**. 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/my child's first name and state of residence in connection with the use of any such image.

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 Participant / Parent or Guardian: _____

Print Name: _____

Date: _____