

HEALTH FORM

Name _____
Date of last Tetanus shot _____
Physician _____ Phone _____
Check if you have: Allergies _____ Asthma _____
Diabetes _____ Heart Condition _____
Medication Reaction __Explain _____
Medications to be taken at Retreat _____

Please list your current medical insurance information.
Policy # _____ Insurance Co. _____
Name of Insured: _____ Insured's DOB: _____
Insurance Co. Phone # _____
Group # (if applicable): _____

I agree to assume, as an explicit condition of my participation, any and all risks. I agree to hold blameless the facility, its staff and directors, and The Presbytery of the Southwest and its designees from any and all liability, claims, and demands for any cause whatsoever which may arise due to my participation in any activities during the retreat.

I realize also, that in the event of illness or injury while attending the retreat, medical treatment may be required. I hereby give my permission for any such treatment to be rendered, and I agree to bear the costs of such treatment.

In case of emergency, I hereby give permission to the physician selected by the retreat directors to hospitalize and/or secure proper treatment for me.

Participant's Signature _____ Date: _____

Parent's/Guardian's Signature required if the above is under age 18.
I agree to all of the above for my child/ward

Parent/Guardian _____ Date _____

Please sign above showing that you have read & understood the information contained in this brochure.

OPC

Presbytery of the Southwest

**8th Annual Spring Retreat
for College/Career-Age Young People
6:00pm Thursday March 18th till
1:00pm Sunday March 21st 2010
(Spring Break)**

At

**Rocky Creek Ranch
Near Austin, TX**



**Speaker: Dr. Allan Story
“Romans: Foundations for Theology and Life”**

Some of the fun activities you can look forward to:

- Fishing (bring own equipment and bait)
- Canoeing
- Pool and Ping Pong Tables
- Sports fields for ultimate frisbee and soccer
- Tennis and Basketball Courts
- Retreat Accommodations (bunks and showers)

Important Things to Bring:

- Towels and bed linens/sleeping bag/pillow
- Bible, Notebook, pen
- Games/Sport Equipment
- Toiletries including soap/shampoo
- Musical Instruments
- Flashlight

Do Not Bring:

- Alcoholic Beverages
- Firearms
- Anything Illegal

Location and Directions:

Rocky Creek Ranch

www.rockycreekresort.com

From I-35, take exit 261A in Georgetown. Head west on Hwy 29. Turn right on Hwy 183 and go north for 23.4 miles. At the blinking light, turn right on FM 963. Go 4.3 miles to Rocky Creek Ranch on the right (white board fence).



REGISTRATION FORM *Must send with money*

Please Send by March 1st, 2010

(late registrations will be accepted – with phone notice to the registrar)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Permission to publish email in retreat directory ()

Age _____ DOB _____ Sex _____

Local Church _____

Pastor _____

Parent(s) Name(s) _____

Parent's Home Phone _____

Parent's Work Phone _____

Contact if Parent cannot be reached _____

Phone _____

*** * * \$125.00 total cost – Must send \$\$ with form * * ***

Mail the following by March 1st, 2010:

- Check for \$125.00 Payable to Presbytery of the Southwest
- Health and Registration form
- Rocky Creek Ranch Release Form

Mail To:

Leah Davenport

Camp Committee Registrar

4601 Firewheel Rd. NW

Albuquerque, NM 87120

All/Extra Forms available at www.opcsouthwest.org

Questions? – Contact:

Leah Davenport allsufficientsavior@hotmail.com 505-296-1117

Todd Dole todd.dole@gmail.com 940-642-1936

John Johnson johnson.1@opc.org 903-372-7988

Allan Story story@austin-opc.net 512-989-3500

Sawtooth Enterprises, Ltd.
Rocky Creek Ranch
Participant Liability Waiver and Release of All Claims

We are excited that you have chosen Rocky Creek Ranch for your Retreat/ Reunion. Rocky Creek Ranch provides opportunities for a variety of activities, some of which include canoeing, fishing, swimming, and outdoor sports. A Liability Waiver must be signed by any leader, volunteer, or participant attending event. It is the responsibility of the individual or organization that invited you as a participant to have all medical and emergency information for each participant.

Organization/ Individual: _____

Date(s) of event: _____

Participant(s): _____

Address: _____

City: _____ Zip Code _____

Please read this form carefully and be aware in registering yourself or your child for participation in this event, you will be waiving and releasing all claims for injuries or illness you or your minor child might sustain arising out of this event.

As a participant in the event or the parent/guardian of a participant in the event, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child may sustain as a result from participating in this event.

I do hereby fully waive and relinquish, release and discharge, indemnify and hold harmless, Rocky Creek Ranch and its owners, agents, employees and any affiliated organization from any and all actions, claims, or demands that from injuries, including death, damage, or loss which I or my minor child may have or which may accrue to me or my minor child on account of participating in the event.

In case of accident or sickness, I consent to emergency medical care to be determined by the individual or organization that is in charge of the event.

____ I hereby consent to the use of my photograph in Rocky Creek Ranch brochures, publications, and website. _____ I do not consent publication of photos.

I have read and fully understand the above Waiver and Release of All Claims.

Signature(s) of participant(s) or parent (if participant is under 18)

Date:

