

Space is limited! Sign up early. Mail your registration by January 12, 2009.

Registration Form—2009 M.A.D. Youth Winter Retreat
(PLEASE PRINT OR TYPE—USE A SEPARATE FORM FOR EACH PERSON.)

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Congregation: _____ Email address: _____

Youth Advisor: _____ Advisor's Phone: _____

Variety Show Entry? Yes No If yes, give a brief description: _____

___ I am a youth (9th through 1st year out of high school) ___ I am an advisor

Circle one: Male Female

Special Needs: _____

(Both youth and advisors: Complete the Covenant Agreement and Hashawha Environmental Center Release.)
AMOUNT for Youth and Advisor **\$60.00**. Make checks payable to M.A.D. Youth. **Full payment must accompany EACH form.**

Covenant Agreement

I have read the Winter Retreat guidelines and promise that I will abide by them during my stay at Camp Hashawha. I recognize that the Winter Retreat is a time for educational and spiritual growth as well as being an event that is fun and fellowship. I am qualified by my age AND school grade to attend. If I am an advisor, I understand that this is for Senior Highs ONLY and will not bring under-age youth or children to this event. I agree to attend the Winter Retreat in a positive spirit and be responsive to those in leadership positions.

Registrant Signature: _____ Date: _____

Medical Release

I, the undersigned, give permission for my child, _____, to attend and participate in activities sponsored by the Church of the Brethren Mid-Atlantic District Youth on Jan. 23-25, 2009. I authorize an adult in whose care my child has been entrusted, to consent to any necessary medical diagnosis, treatment, or hospital care.

Medical Insurance Co. _____ Policy # _____

Parent/Guardian Signature _____ Emergency Phone: _____
(Participant, if over age 18)

Hashawha Environmental Center Release

In return for the admission of _____ (name of visitor) into the Hashawha Environmental Appreciation Center, I hereby release Carroll County and its officers, agents, employees, and volunteers from all actions, causes of action, damages, claims, or demands which I, for myself or on behalf of another, or my successors may have against them for any personal injuries or illnesses which occur while the above stated individual is attending the Hashawha Environmental Appreciation Center.

I have read this release and understand the Hashawha policies and regulations and understand the terms. I executed it voluntarily and with full knowledge of its significance.

I have executed this release on the day and year written below.

Date of visit: January 23-25, 2009

Signature of Visitor: _____ Date: _____

(If the participant is a minor, then the signature of the parent of legal guardian).

Register on-line at www.madyouth.org or send completed forms and checks payable to MAD Youth by January 12, 2009 to: Jan Walker, 14746 Peddicord Rd., Mt. Airy, MD 21771