

# Foothills Presbytery Retreats 2025-2026

## Participant Information Form

*After completing the form, please rename and save the document using the participant's last name and first initials. Send the completed form to your youth leader.*

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

I am: Youth \_\_\_\_\_ Adult \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_ Prefer not to say \_\_\_\_\_

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

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Church & City: \_\_\_\_\_

I will be attending: \_\_\_\_\_ Middle School Retreat (November 7-9, 2025)

\_\_\_\_\_ Senior High Retreat (January 9-11, 2026)

T-shirt Size (adult sizes only) S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

### Retreat Covenant

- I will treat each person with love and respect.
- I will have fun, play hard, make new friends, and grow in relationship with God and others.
- I will participate in all group activities.
- I will abide by the community curfew.
- I will abide by all Foothills policies including those that prohibit smoking and the possession and use of alcohol and illegal drugs.
- I promise to disconnect from technology and connect in new ways to my faith community.
- I will respect other people's belongings, keep track of my own stuff, and clean up after myself.

**I agree to abide by the covenant for the Foothills Presbytery Retreat:**

Participant Printed Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Parent/Guardian Permission

(This section MUST be filled out for those under 18 years of age.)

\_\_\_\_\_ I release Foothills Presbytery and any persons representing it from all liability in the event of an accident. In the case of an emergency, I authorize medical treatment by trained personnel for the youth whose name appears above (if applicable).

\_\_\_\_\_ I grant Foothills Presbytery the right to use pictures of my youth or Foothills Presbytery communications including, but not limited to newsletters, emails, flyers, and social media.

Please list any dietary needs (gluten, dairy, nuts, etc)

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Please list all Allergies, Medications & Special Needs or Restrictions (use the back if necessary). I understand that all medications shall be turned into the designated adult leader for safe keeping and distribution as directed:

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Insurance Company Name: \_\_\_\_\_

Group/Policy Numbers: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Relationship to Youth: \_\_\_\_\_

Date: \_\_\_\_\_