

Where's Weippe Ski Retreat Registration & Medical Release
February 3rd - 5th, 2012

(Please complete, and send with registration and any additional fees to address below.)

Registration Cost: \$55.00

Teri Larson
P.O. Box 273
Weippe, ID 83553

Teen Information:

My Name is _____
My Address: _____
City, State, Zip: _____
My Phone Number: _____
I am ____ Years old ____ Male ____ Female
My Home Church is _____

T-Shirt Size: S M L XL 2XL 3XL

____ I'll need ski equipment
____ I'll need snow board rental (Boards are in limited supply)
____ Height: ____ Weight ____ Shoe Size ____

I hereby agree to be involved and participate in all Ski Retreat activities, unless otherwise excused by Weippe Ski Retreat leadership. (Sking is optional; however, spending the day at the ski hill is not.)

SIGNATURE OF TEEN: _____

Parent/Guardian Information

Is there reason your teen cannot participate in a full program at our Ski Retreat?

Is He/she on medication? _____

Persons to be contacted in case of Emergency & contact numbers:

I hereby give consent to whom it may concern to give medical aid to my child. Insurance claims are paid in cooperation with policies held by the family.

SIGNATURE OF PARENT OR GUARDIAN: _____

For additional information please contact: Teri Larson, (208) 435-4720, teri@christianmom.net
Mallorie Norris (208) 435-4110, mallnorris@hotmail.com