

NaCoMe 2025 Fall Youth Retreat

November 7 - 9, 2025, \$150 per person

Participant Registration Form



Name: _____

Home address: _____

City: _____ Zip: _____

Church: _____

City: _____

I give permission for my son/daughter (or myself, if I am over 18) to participate in the 2025 NaCoMe Fall Youth Retreat. I understand that participation in the retreat will involve a variety of activities and that no guarantee can be made against injury or illness. I further understand that in the event of an emergency, the leaders of my specific group or NaCoMe will attempt to contact the parent/guardian/emergency contacts listed. I authorize my group leaders and NaCoMe to release medical records and seek any appropriate medical treatment necessary if I am unable to be reached. I am aware that NaCoMe does not provide financial coverage for medical treatment for participants. Finally, I give my permission for NaCoMe and staff, my group leaders, to take pictures or videos of myself or my child on this retreat and to use that media for promotional materials.

Parent/Guardian Name: _____

Phone Numbers Home/Work: _____ Cell: _____

Emergency Contact Name: _____

Home/Work: _____ Cell: _____

Insurance Company: _____ Policy #: _____

Special Medical Concerns, Dietary Restrictions, and Needs:

Retreat Covenant:

- I will try to create a positive atmosphere for all attending this retreat.
- I will actively participate in all group gatherings and follow the schedule at all times.
- I will respect the property of the camp as well as the participants.
- I will not leave the premises.
- I understand that alcohol, tobacco products, drugs, and weapons are never permitted at NaCoMe.
- I understand that the violation of this covenant will result in my early dismissal from camp.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____