

Chadash Christian Ministries

—Canoe Trip on the Namekagon River* in WI, June 19-28, 2024—
Registration Form for Young Ladies Ages 15+

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

_____ Cell Phone: _____

Email: _____

Parent's Names: _____

Name of Church You Presently Attend: _____

Pastor: _____ Phone: _____

Trusted Person in Your Life: _____ Phone: _____

What would you like to learn/experience on this trip? _____

I hereby authorize Chadash Christian Ministries the right and permission to publish, reproduce, or otherwise use any photos and videos from the trip for promotional purposes.

Signature: _____ Date: _____

To save a spot on this exciting trip, we ask that you return this form with an application fee of \$250 (nonrefundable). Checks should be written out to Chadash Christian Ministries, and an additional \$500 is due the day you leave on the trip. This covers food and gear (canoes, tents, permits, transportation, sleeping bags, etc.). Returning students will receive a \$50 discount, and also an additional \$50 off for bringing a friend. If finances are an issue or if you have any other questions, feel free to contact VaLita Beckett at 715-571-5874, or email staceyforchadashministries@gmail.com.

After we have received and accepted your application, we will be in touch with you about the necessary gear you will need to bring and other details about the trip. We are looking forward to hearing from you, and excited about what God will do!

Send this completed form with the \$250 application fee to:

Chadash Christian Ministries
107037 W. 26th Rd.
Marshfield, WI 54449

*Subject to weather and rainfall amounts. Otherwise another river in WI will be chosen.

Medical Information:

Emergency Contact Name #1: _____

Relationship: _____ Phone: _____

Emergency Contact Name #2: _____

Relationship: _____ Phone: _____

Do you have asthma? Y / N Diabetes? Y / N Epilepsy? Y / N Allergies? Y / N

Are you taking any medications? Y / N

If so, please explain: _____

Do you have any dietary restrictions? Y / N

If so, please explain: _____

Do you have any disabilities? Y / N

If so, please explain: _____

Do you have any heart conditions? Y / N

If so, please explain: _____

Do you have any phobias or fears? Y / N

If so, please explain: _____

Have you had any past surgeries or injuries? Y / N

If so, please explain: _____

Do you have any other medical conditions? Y / N

If so, please explain: _____

I authorize by signature that the information provided is truthful and correct. Furthermore, I give my consent to the trip leaders or other medical personnel to treat me in an emergency situation.

Print Name: _____

Signature: _____ Date: _____

Emergency Medical Consent for Minor: The leaders of this Canoe Trip with Chadash Christian Ministries have my permission to obtain emergency medical treatment for my child, _____, when I cannot be reached or if a delay in reaching my child would be dangerous for her.

Parent/Guardian's Name: _____

Phone: _____ Cell Phone: _____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child.

Signature of Parent/Guardian: _____ Date: _____