



**Taste and See
that the Lord is Good**

Genesis 2007
October 19th – 21st 2007

Youth Registration

Name: _____ Gender: ____ Age: ____ Grade: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: () _____ Email: _____

Birth date (m/d/yy): _____ Payment: \$ _____

Father's Name: _____ Contact Phone #: () _____

Mother's Name: _____ Contact Phone #: () _____

Emergency Contact: _____ Contact phone # () _____

Church: _____ City: _____

Youth Leader: _____

Please list any allergies* and/or medical needs, medications or physical limitations your child might have or any other information you feel we should know about (*this is especially IMPORTANT this year, given the food nature of the retreat):

I hereby release the Episcopal Diocese of Colorado and its staff and sponsors from any responsibility and liability for any injury or illness that my child may sustain during the above listed activity. In the event of an emergency, I hereby authorize an adult leader of this activity to act as an agent for me to consent to any medical, dental, or surgical treatment and care deemed necessary by a licensed medical professional. I expect to be notified as soon as possible. Permission to use Photographs, etc.: photographs, audio, or video recording, by those authorized to do so, of participants, may be used in Diocese of Colorado materials.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Medical Insurance Company: _____ ID #: _____

Policy in the name of: _____

Questions? Call Meg Stern at 303-837-1173 or e-mail at mstern@coloradodiocese.org

Yes, I would like to order a Genesis t-shirt
Adult Size S () M () L () XL () XXL () XXXL ()
\$13 each; (add \$2 each for XXL and XXXL)

Diocesan Office Use Only: _____ _____
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