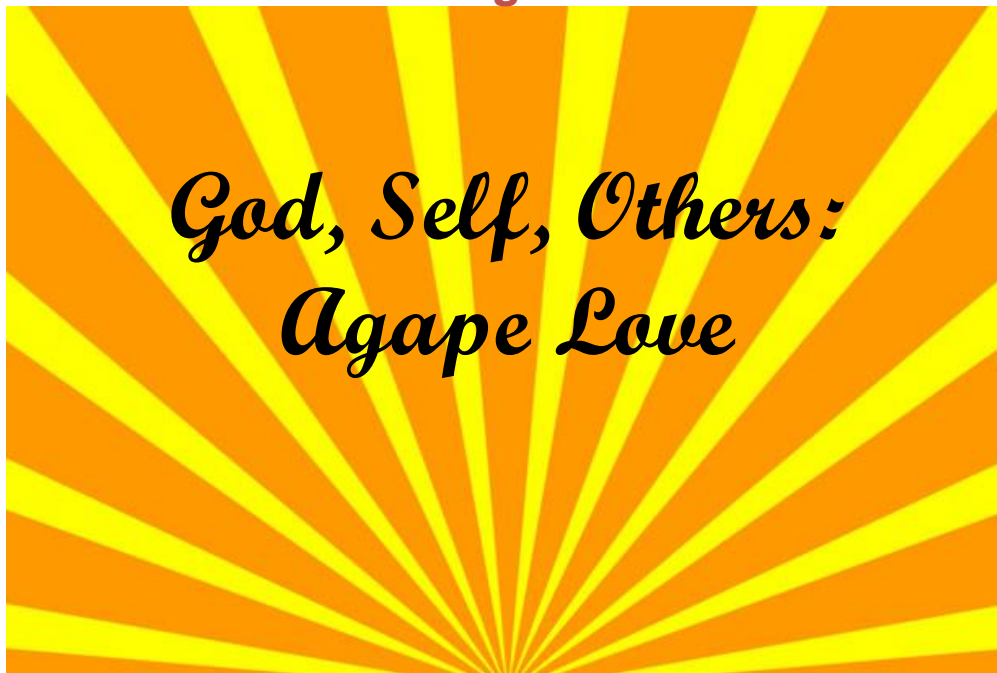


Fort Flagler 2015



Dates: November 6-8, 2015

Grades 9-12 Cost \$85 Per Person (Fairwood Community UMC checks for \$80 per person please)

What is Fort Flagler and who is invited...

Fort Flagler is a retreat for youth in 9th – 12th grade and held at Fort Flagler in Nordland Washington. This retreat is planned and led by the Tacoma United Methodist Youth Leadership team. During this retreat you'll experience God, Community, New Friends, Laughter, Music, and more.

The Tacoma United Methodist Youth (TUMY) Team has been planning for months, and we are so excited about presenting this retreat for you. Our theme this year is **God, Self Others: Agape Love**.

Our Speaker this year is the Rev. Carrie Bland, Pastor at Mason United Methodist Church.

Additional Information: If you have additional questions about the Fort Flagler retreat or the TUMY team, or if you'd like a member of the team to come speak about Fort Flagler at your next youth group, feel free to contact us:

Contact Info: Carrie Bland – registrar
Phone number: 360-350-7652
Email address: tacomadistrictyouthteam@gmail.com

Registration closes on October 6, 2015 Or When tickets sell out, so register today!

Online Registration via EventBrite: <https://www.eventbrite.com/e/fort-flagler-2015-tickets-15458072511>
Select "Pay by Check" option.

General Information

First Name: _____ Last Name: _____

Email Address: _____

Phone (Home): _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Other Information:

Birth Date: _____ Age: _____ Gender: M F Grade: 9 10 11 12 Adult

Your Church: (no initials please) _____

Emergency Contact during Fort Flagler _____

Emergency Contact's _____ Contact Telephone Number: _____
Relationship to Participant?

Name of Physician: _____ Physician Telephone Number: _____

Insurance Carrier: _____ Insurance Policy # _____
(please let us know if you do not have insurance at this time)

Name of Primary Insured: _____

Other Information

Any limitations to physical activities? Y N Do you have allergies to any medications or other things? Y N

Will you be under medication on the retreat? Y N Do you have any food restrictions or special needs? Y N

Vegetarian? Y N Gluten-Free? Y N Allergies? Y N

If YES to any of the above, please explain:

What small group type would you like to be in? Action Oriented Small Group
 Discussion Oriented Small Group
 Hybrid Discussion & Action Oriented Small Group

Other information that may be helpful for the nurse and event leaders (include special needs, insurance or other information here!) (or use the back)

Waivers

Participation Covenant

As a participant of Fort Flagler 2015 and as a representative of my local congregation I agree to accept the following guidelines as my covenant:

1. Participation in all scheduled activities is expected. If you need special assistance to fully participate, please contact Carrie Bland 360-350-7652 or tacomadistrictyouthteam@gmail.com
2. All youth and adult participants are limited to the grounds of Fort Flagler.
3. Anything considered illegal for minors under civil and criminal law in the state of Washington is considered to be illegal for retreat participants. This would include drug use, alcohol consumption, tobacco, and possession of firearms, weapons, and fireworks. Adults are expected to abide by these same restrictions.
4. Smoking, tobacco, incense, candles, etc. are prohibited at the Fort Flagler retreat.
5. Participants are to be in their assigned sleeping area by the designated time each night. Each person is to respect other participant's need for sleep, as well as caring for himself/herself.
6. Participants will live by the simple guidelines of love and respect for the rights, feelings, and property of others.

I understand that if I do not follow the simple guidelines above, appropriate disciplinary action will be required, for youth and adults. Appropriate disciplinary action might include the calling of parents and/or pastor and/or dismissal from the retreat (at the participant's own expense). Decisions about appropriate action will be made by the leadership of the retreat, in consultation with their church's group leader or chaperon.

Youth Signature: _____

PARENTAL CONSENT

PARENTAL CONSENT OF PARTICIPATION, EMERGENCY CARE, & MEDIA RELEASE

IN SUBMITTING THIS REGISTRATION AND PAYMENT, I HEREBY GIVE CONSENT TO MY/MY CHILD'S PARTICIPATION AND THE FOLLOWING TERMS:

1. In CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify the emergency contact person named on this form. I hereby give permission to the event coordinators to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. In the event that the emergency contact person cannot be reached, I give permission to the retreat leadership and/or nurse to notify a physician, and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for participant named above.

PARENTAL CONSENT OF PARTICIPATION, EMERGENCY CARE, & MEDIA RELEASE (Cont'd)

2. With regard to my (or my child's) appearance at and/or in the video production during the event, I hereby consent to and give permission for the Tacoma District of the United Methodist Church, to use my (or my child's) name, voice and likeness in its programs and activities, including the advertisement and promotion of the same, and I further consent that my (or my child's) name, voice and likeness may be used by such other parties to whom the said Tacoma District of the United Methodist Church shall give permission. This consent shall include any or all remarks, contributions, or performances that I may make or give in connection with my appearance and participation. I acknowledge that the Tacoma District of the United Methodist Church has full ownership rights to the video production, and that its proceedings, including my appearance, may be transmitted or otherwise exhibited, in whole or in part, throughout the world, without limitation as to time, in any medium, and by any means, method or device now or hereafter known, by Tacoma District of the United Methodist Church, or its licensee, as many times as it wishes, without further authorization from me.

If you do not wish for your child to be filmed or photographed during the event, contact the TUMY Registrar, Carrie Bland 360-350-7652 or tacomadistrictyouthteam@gmail.com

3. I shall not hold the Tacoma District of the United Methodist Church nor any of its officers or agents liable in any way for any occurrence in connection with the activities described above and personally assume all risks in connection with the activities, even if such activities result in injury, death, dismemberment, injury to reputation, emotional distress or other damages to my child or the child's family, heirs, or assigns, or myself. I shall save and hold harmless the Tacoma District of the United Methodist Church and its officers and agents from any claim by me, my family, estate, heirs, or assigns arising out of my/our child's participation in this activity.

4. I shall exempt and release the Tacoma District of the United Methodist Church and its officers and agents from all liability whatsoever for personal injury, property damage or wrongful death caused by negligence. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto, and the terms of this release are contractual and not a mere recital. The parties shall resolve any dispute arising under the agreement only through negotiation, mediation, or binding arbitration.

Parent or Guardian Signature: _____