

The following is a “fillable” pdf form. You can type your information into the blue fields, and then print the completed form. You CANNOT save what you have typed into the form.

If you prefer to hand fill the answers, you can print the form on your home/office printer.

# PK Retreat

Camp Wesley Pine January 27-29

Join us for a weekend of fun and fellowship with fellow preacher kids ages 10-18!

The registration fee is \$130, however all districts are offering scholarships. Contact your local district office for more information. Make check payable to "PK Retreat."

Please pre-register by Jan 23 to guarantee a t-shirt. Please call if registering after this date.

Mail registration and fee (if applicable) to **Chris McAlilly c/o PK Retreat P.O. Box 1 Shannon, MS 38868.**

Remember to bring linens/sleeping bag, pillow, towels, toiletries, and money for canteen.

Contact Charla Lindley Howard at [charlahoward@gmail.com](mailto:charlahoward@gmail.com) or Chris McAlilly by email at [cmcalilly@gmail.com](mailto:cmcalilly@gmail.com) or phone at 662.401.2505.

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Church: \_\_\_\_\_ District: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

t-shirt size: YL S M L XL

## Health and Permission Form

The purpose of the health form is to have a brief medical history of each participant on hand should any emergency arise. Parents will be contacted in the event of an emergency. You must have a signed health form upon your arrival.

Name of Youth (please print): \_\_\_\_\_

1) Are all immunizations current? \_\_\_\_\_ Tetanus? \_\_\_\_\_

2) Are you allergic to any medications? \_\_\_\_\_ If yes, which ones?  
\_\_\_\_\_

3) Are you severely allergic to insect bites or poison oak/ivy? \_\_\_\_\_

4) Have you had any recent surgery? \_\_\_\_\_ If yes, what kind and when? \_\_\_\_\_

5) Do you have any physical condition, which would prevent full participation in all activities? \_\_\_\_\_

If yes, what?  
\_\_\_\_\_

6) Are you diabetic? \_\_\_\_\_

7) Do you have asthma? \_\_\_\_\_

8) Are you under a doctor's orders to take medication? \_\_\_\_\_

If yes, please list all prescription drugs you need to bring with you to camp:  
\_\_\_\_\_

9) Do you have any food allergies? \_\_\_\_\_

9) Is there anything else we need to know about your physical condition?  
\_\_\_\_\_

I, the undersigned, give the youth named above permission to attend this Conference Youth Event. I also give the event staff permission to authorize emergency medical procedures on the participant named above if the participant is in serious danger and the parents cannot be reached. The undersigned hereby agree to indemnify and hold harmless the Mississippi Conference of the United Methodist Church and \_\_\_\_\_, its Board of Trustees, its officers,  
(camping facility)

employees and staff, from any liability as a result of either intentional acts or negligence, or failures to act on the part of any of the above named entities or persons as a result of the use of the premises while \_\_\_\_\_ is participating in any activities while camping. (participant name)

Parent's Signature \_\_\_\_\_

Phone numbers where parents can be reached: \_\_\_\_\_