

**OBGC HATTIE JACKSON GUILD RETREAT REGISTRATION  
(GUILDS, CHILDREN BAND, YOUNG DAVIDS & TRAILBLAZERS)**

THE 76<sup>th</sup> ANNUAL RETREAT FOR GUILDS, CHILDREN BAND, YOUNG DAVIDS AND TRAILBLAZERS WILL BE HELD AT WILMINGTON COLLEGE, WILMINGTON, OHIO

**JUNE 13, 14, 15, 2012**

**PLEASE COMPLETE AND PRINT CLEARLY WITH BLACK OR BLUE INK**

NAME: \_\_\_\_\_ | | \_\_\_\_\_  
(FIRST) (MI) (LAST NAME)

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ HOME PHONE : (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE: \_\_\_\_\_

COUNSELOR NAME: \_\_\_\_\_ PHONE#: (\_\_\_\_) \_\_\_\_\_  
(Must Have)

CHURCH NAME: \_\_\_\_\_

CHURCH PHONE# (\_\_\_\_) \_\_\_\_\_ PASTOR SIG: \_\_\_\_\_  
(Must Have)

DISTRICT: \_\_\_\_\_ COUNSELOR SIG: \_\_\_\_\_  
(Must Have)

PLEASE CHECK THE APPROPRIATE SPACE

CHECK THE GRADE YOU WILL ENTER IN SEPTEMBER, 2012:

PRE-SCH     1<sup>ST</sup>     2<sup>ND</sup>     3<sup>RD</sup>     4<sup>TH</sup>     5<sup>TH</sup>     6<sup>TH</sup>  
 7<sup>TH</sup>     8<sup>TH</sup>     9<sup>TH</sup>     10<sup>TH</sup>     11<sup>TH</sup>     12<sup>TH</sup>     COLLEGE

CHECK THE APPROPRIATE CATEGORY:

CHILDREN BAND     CHILDREN BAND COUNSELOR     MINISTER  
 GUILD     GUILD COUNSELOR/TRAINING     YOUNG ADULT  
 YOUNG DAVID     YOUNG DAVID COUNSELOR     INSTRUCTOR  
 TRAILBLAZERS     NURSE     OTHERS \_\_\_\_\_

THE ARRIVAL FELLOWSHIP TIME IS 7:00 A.M. UNTIL 8:45 A.M. GENERAL ASSEMBLY TIME IS 9:30 A.M. (EVERYONE MUST ATTEND THE GENERAL ASSEMBLY- NO EXPCEPTIONS)

**NO PERSONAL CHECKS WILL BE ACCEPTED. IT MUST BE MONEY ORDER OR CHURCH CHECK ONLY.**

THE COST IS \$120.00 FOR EVERYBODY. (CHILDREN BAND, GUILD, YOUNG DAVIDS, TRAILBLAZERS & OTHERS)

EVERYONE MUST REGISTER. **MONEY ORDERS AND CHURCH CHECK** MUST BE MADE PAYABLE TO THE OHIO BAPTIST GENERAL CONVENTION INC. WRITE "WOMEN AUXILLIARY" IN THE MEMO SECTION)

**SEND MONEY ORDER OR CHURCH CHECK** COMPLETED REGISTRATION & MEDICAL FORM

TO: OBGC WOMEN'S AUXILLARY c/o Janice Wicker, 1515 Ellsworth Avenue  
COLUMBUS, OHIO 43206-3730 you may call (614) 444-6145

REGISTRATION DEADLINE IS **APRIL 21, 2012**. YOU MUST BE REGISTERED TO ATTEND THE RETREAT. NO REFUNDS WILL BE GRANTED UNDER ANY CIRCUMSTANCES. MEDICAL AUTHORIZATION MUST BE COMPLETED BY EACH PERSON. IF YOU HAVE ANY QUESTIONS CALL LINDA HALL, SUPT. at 216-692-1459 (Home), 216-548-0914 (Cell), OR ANGELA SHACKLEFORD, ASST. SUPT. at 740-405-1222 (Cell).

# MEDICAL EMERGENCY FORM

NAME: \_\_\_\_\_  
(FIRST NAME) (MI) (LAST NAME)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ COUNSELOR NAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE \_\_\_\_\_

MEDICAL INSURANCE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE NO :(\_\_\_\_) \_\_\_\_\_

FAMILY SPECIALIST: \_\_\_\_\_ PHONE NO :(\_\_\_\_) \_\_\_\_\_

ARE YOU ALLERGIC TO ANY FOODS OR MEDICINES? YES \_\_\_ NO \_\_\_ IF YES PLEASE LIST

ARE YOU PRESENTLY TAKING ANY MEDICATIONS? YES \_\_\_ NO \_\_\_ IF YES PLEASE LIST:

PLEASE CHECK IF YOU HAVE OR HAD ANY OF THESE CONDITIONS:

- ASTHMA  HEART ATTACK  HYPERTENSION  PEPTIC ULCER  STROKE   
POSITIVE HIV  DIABETES  HEART DISEASE

OTHER \_\_\_\_\_

### EMERGENCY NOTIFICATION

IN CASE OF ILLNESS, NOTIFY: (PLEASE PRINT CLEARLY WITH BLACK OR BLUE INK)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CELL/PAGER PHONE (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ REALTIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

CELL/PAGER PHONE (\_\_\_\_) \_\_\_\_\_

### EMERGENCY MEDICAL AUTHORIZATION

**PURPOSE:** TO AUHORIZE EMERGENCY TREATMENT IF YOUR CHILD IS INJURED OR BECOMES ILL REQUIRING MEDICAL TREATMENT. THIS AUTHORIZATION DOESN'T COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICANS. CONCURRING THE NECESSITY OF SUCH SURGERY, ARE OBTAINED BEFORE SURGERY IS PERFORMED.

I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT AT ANY HOSPITAL REASONABLE ACCESSIBLE. KNOWN ALLERGIES AND ANY OTHER MEDICAL INFORMATION IS LISTED ON THE BACK OF THIS FORM.

PARENT(S)/GUARDIAN SIG. \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

(OVER EIGHTEEN)

**THIS FORM MUST BE COMPLETED BY ALL ATTENDEES**