

# 2023 Winter Retreat Application

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F (circle one)

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

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Church: \_\_\_\_\_

In emergency, notify: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

## Health History:

\_\_\_\_\_ Allergies: Drugs/Insects Stings/Food \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes

\_\_\_\_\_ Physical Handicaps \_\_\_\_\_ Heart Condition \_\_\_\_\_ Epilepsy

If any of the above is checked, please give details (including normal treatment of allergic reactions):

\_\_\_\_\_

Any condition requiring medication (please list condition, medication and dosage): \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Southwest Field Winter Retreat Staff 2018 to hospitalize, to secure proper treatment for and/or order injection, anesthesia, or surgery for my child as deemed necessary. I also authorize the Southwest Field Winter Retreat Staff 2018 to administer medical aid as required for illness or injury under a physician's orders. Their signature of the parent or guardian below is intended to serve as a medical release.*

*As parent or guardian of the named camper, I hereby agree to allow him/her to participate in all activities that occur at the Winter Retreat 2018.*

*I realize that unanticipated and unexpected dangers may arise during and associated with camp activities. I voluntarily agree to accept any and all risks of injury arising from camp activities.*

*I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and medical release. I am signing it of my own free will.*

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
PRINT Name

\_\_\_\_\_  
Date

**WE ARE SO EXCITED THAT YOU WILL BE JOINING US AT CAMP  
PINEROCK!**

**WE LOOK FORWARD TO SHARING THIS  
EXPERIENCE WITH YOU!**

**REGISTRATION:**

**INDIVIDUAL REGISTRATION RATE IS \$123; INCLUDES FOR 2 NIGHT LODGING AND 4 MEALS  
POSSIBLY 5 MEALS (SATURDAY BREAKFAST/LUNCH/DINNER & SUNDAY BREAKFAST &  
POSSIBLY SUNDAY LUNCH).**

**PLEASE DO NOT SEND CASH IN THE MAIL. CONFIRMATION WILL BE SENT BY EMAIL; A RECEIPT  
WILL BE PROVIDED UPON RETREAT ARRIVAL. NO REGISTRATION ACCEPTED WITHOUT CAMPER  
FEE. PLEASE ARRIVE AT CAMP PINEROCK NO EARLIER THAN 5:30 PM FOR CHECK-INS.**

*Please make checks payable to: Fern Pokagan*  
*Mail checks to: Fern Pokagan at the address listed below*  
**LAST DAY TO MAIL IN YOUR REGISTRATION: SEPTEMBER 30, 2023**

**EXTRA ACTIVITIES:**

**ALL OTHER ACTIVITIES WILL BE AT AN EXTRA CHARGE SEPARATELY ON-SITE  
FROM \$15 TO \$40 PER PERSON  
(INCLUDING WALL CLIMBING, REPELLING, HIKING, PAINT BALL)**

**WHAT TO BRING:**

**YOU SHOULD BRING SLEEPING BAGS, BIBLE, PEN, CASUAL CLOTHING, PERSONAL TOILETRIES  
(SOAP, SHAMPOO, HAIRDRYER, ETC.), TOWELS, COMFORTABLE WALKING SHOES, FLASHLIGHT,  
JACKET FOR EVENING MOUNTAIN WEATHER, PAJAMAS, SUNSCREEN, AND ANY MEDICATIONS  
YOU MIGHT NEED.**

**OPTIONAL ITEMS: UMBRELLA, PILLOW, CAMERA, MONEY FOR GIFT/SNACK SHOP, ALARM  
CLOCK, HAT/CAP, SHOWER SHOES.**

**ANY QUESTIONS, CONTACT FERN POKAGON AT (505) 306-0335  
SEND APPLICATIONS TO: FERN POKAGON, 2127 GOLD AVE, APT 11,  
ALBUQUERQUE, NM 87106**