

**Sky Ranch Preteen Retreat**  
**Registration Form**  
Park Cities Baptist Church  
214-860-1560

**Name:** \_\_\_\_\_ **Boy:** \_\_\_\_\_ **Girl:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade in School:** \_\_\_\_\_ **T-Shirt Size (adult) S M L XL**

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Primary Email:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Church you attend:** \_\_\_\_\_

**Special medical needs:** \_\_\_\_\_

**Medication to be taken at retreat:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

**Food or drug allergies:** \_\_\_\_\_

List two persons with different telephones that may be contacted if we cannot reach a parent in case of emergency.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Any other needs we should be aware of?** \_\_\_\_\_

I give my permission for my child to participate in this church sponsored activity at Sky Ranch in Van, TX. In case of an emergency, I understand every effort will be made to contact me at the phone numbers listed. In the event I cannot be contacted, I give permission to the physician selected by the authorized group leader to administer medical treatment to my child.

**Parent Signature:** \_\_\_\_\_

“The State of Texas”  
“County of Dallas”

“Before me, a Notary Public, on this day personally appeared \_\_\_\_\_,  
known to me to be the person whose name is subscribed to the foregoing instrument and \_\_\_\_\_ acknowledged to me that he  
executed the same for the purposes and consideration therein expressed.

“Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for Dallas County, Texas