

# Operation IDEA Bishop's Initiative High School Retreat 2012 Registration Form

**RETREAT PARTICIPANT-Please complete the following:**

Name \_\_\_\_\_ Age/Year in school \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Food allergies? \_\_\_\_\_

Special Needs? \_\_\_\_\_

T-shirt size \_\_\_\_\_

Mission Center/Congregation & City/Town \_\_\_\_\_

Emergency contact name/phone number \_\_\_\_\_

I will not hold Operation IDEA facilitators responsible for accidents, claims and damages that arise from this retreat experience. I authorize Operation IDEA facilitators to take such action as is deemed necessary for my care, welfare and health, including the giving of consent for medical treatment. I also give Operation IDEA permission to use any photographs of me taken at this retreat in future promotions of Operation IDEA.

Participant signature/date: \_\_\_\_\_

**ADULT INVITER-Please complete the following:**

Name \_\_\_\_\_

Congregation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Food allergies? \_\_\_\_\_

Special Needs? \_\_\_\_\_

T-shirt size \_\_\_\_\_

Mission Center/Congregation & City/Town \_\_\_\_\_

Emergency contact name/phone number \_\_\_\_\_

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**ADULT INVITER-Please complete the following: (continued)**

I will not hold Operation IDEA facilitators responsible for accidents, claims and damages that arise from this retreat experience. I authorize Operation IDEA facilitators to take such action as is deemed necessary for my care, welfare and health, including the giving of consent for medical treatment. I also give Operation IDEA permission to use any photographs of me taken at this retreat in future promotions of Operation IDEA.

Inviter signature/date: \_\_\_\_\_

Why did you invite this person to attend the Operation IDEA Bishop's Initiative retreat?

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**Please complete this form and mail it with the Challenge Course Release Form to:**

Operation IDEA  
c/o Sharon Miley  
4980 S. 118<sup>th</sup> Street, Suite D  
Omaha, NE 68137-2220