

Side By Side Ministries

SLT Registration Form 2011-2012 Retreats

Castaway \$120

- October 14-16, 2011
 April 20-22, 2012

Metro Tide \$65

- December 2-4, 2011
 February 3-5, 2012
 March 2-4, 2012

Please Print Clearly

Name _____ Phone _____

Participants Email _____ Cell _____

Address _____

T-shirt size ____ S ____ M ____ L ____ XL ____ XXL

(SLT members only receive one shirt per year, no matter how many retreats you serve on.)

Sex: M F Grade in 2011 -2012 School Year _____

Birth Date ____/____/____ Parent/Guardian Name _____

Parent's Email Address _____

Group or Church _____

In Case of Emergency: I understand that every effort will be made to contact me. If I cannot be reached I hereby give Side By Side Ministries the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Side By Side Ministries. I give my permission to those administering emergency treatment to do so, using those measures deemed necessary. I absolve Side By Side Ministries from liability in acting on my behalf in this regard so long as Side By Side Ministries is not grossly negligent. I hereby give permission to Side By Side to administer medications named to my child as well as general OTC cold, flu, or pain medication unless listed as an allergy or otherwise stated. I authorize Side By Side Ministries to use photos or videos taken of my child at camp for Side By Side Ministries promotional purposes only. At no time will videos be used by unrelated organizations.

Signature of Parent or Guardian _____

Daytime Phone _____ Cell Phone _____

In case parents are unreachable, please contact:

Name _____ Relationship _____

Phone _____

Medication (include name, purpose, dose, frequency, and time taken), medical history, allergies, penicillin, or drug reactions, which may be needed in treatment: _____

Note: Be Sure to pack inhalers or any necessary medicines!

Parents/Guardian's Insurance Co _____

Policy Number _____ City _____ State _____ Zip _____

STEPS TO SIGN UP:

1. Download the **SLT Participant Info and SLT Registration Form (if necessary)**.
2. Fill out the Registration Form and read SLT Participant Info
3. Mail a non-refundable check payable to Side By Side Ministries along with your Registration Form to complete sign up.
4. Attend the Prep Meeting for your specific retreat (see below)
5. Look for an email with final details of Camp 1 to 2 weeks before the retreat date.

MAIL TO:

Side By Side Ministries
755 Florida Ave. S., Suite D5
Golden Valley, MN 55426

CASTAWAY & METRO TIDE 2011-12 SLT PREP MEETING

DATES:

Saturday, Oct 1: Castaway SLT Prep Mtg. for Retreat: Oct 14-16, 2011 - Meeting time: 10:00AM-1:00PM

Sunday, Nov 13: Metro Tide I SLT Prep Mtg for Retreat December 2-4, 2011 Meeting time: 1:00PM-4:00PM

Saturday, Jan 21: Metro Tide II SLT Prep Mtg for Retreat February 3-5, 2012 - Meeting time: 10:00AM-1:00PM

Saturday, Feb 18: Metro Tide III SLT Prep Mtg for Retreat March 2-4, 2012 - Meeting time: 10:00AM-1:00PM

Saturday, April 7: Castaway SLT Prep Mtg for Retreat April 20-22, 2012- Meeting time: 10:00AM-1:00PM

*IMPORTANT TO NOTE:

All Prep Meetings are hosted at Side By Side's Office unless notified. Updates will be posted here and sent through email.

Directions to Side By Side Ministries Office: 394 to Louisiana Ave Exit. Go North on Louisiana. Take a Right onto Laurel Ave. Take a Right onto Florida Ave. Take a quick Left into the Florida West Parking Lot. Side By Side is located at the end of the building.

These meetings are mandatory (even if you have served as an SLT on a retreat already). Arrangements must be made with the SLT Director if you are unable to attend.

Sign up is on first come first serve basis. The number of SLT that can serve on each retreat is dependent upon retreat participants. Communication will be emailed to each participant, it is each participants responsibility to stay in touch with final retreat details via email. Please call SBS with any questions @ 763-797-0441.