

**ATTENTION ALL BETHELS AND GRAND BETHEL MEMBERS
ALL DAUGHTER LEADERSHIP WEEKEND**

It's time – to make plans for the 2010 All Daughter Retreat Weekend!

Date: September 10-12, 2010
Place: Indian Lake Christian Service Camp
3915 River Road Darlington, MD 21034

Deadline: August 28, 2010 (note-because the deadline is before Bethels meet in September you should make the commitment by the end of June before Bethels break for the summer)

The GGC Line Officers and committee members are looking forward to having a blast with the daughters of Maryland.

Cost: FREE for daughters

Please contact Mom Kim Regner if you have any questions or concerns:
301.599.8491
kregner@comcast.net

Approved by: Mom Theresa Regner, GG

ALL DAUGHTER LEADERSHIP WEEKEND
REGISTRATION FORM

NAME: _____

OFFICE: _____ PHQ: Y/N BETHEL # _____

ADDRESS: _____

PHONE: (____) _____ T-Shirt Size _____

EMAIL: _____

I, _____ agree to abide by the rules and regulations set forth by the All Daughter Leadership Weekend Committee and Indian Christian Service Camp. I further cheerfully agree to participate in all planned activities of the weekend unless prevented by stated medical condition on the attached medical release form.

Signed: _____

Bethel Daughter

Signed: _____

Parent or Guardian

Cost: Free for daughters

Please return the registration form and medical release form to:

Mom Kim Regner
9726 Wyman Way, Upper Marlboro, MD 20772
301.599.8491
kregner@comcast.net

REMINDER: DEADLINE IS August 28, 2010

Personal Health Form

Event for which the following information is requested: All Daughter Leadership Weekend

Date of Activity: Friday, September 10, 2010- Sunday, September 12, 2010

Name: _____ **Birth date:** _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Height: _____ Weight: _____

Father: _____

Address: _____

(if different from above)

Phone: (home): _____ (work): _____

Mother: _____

Address: _____

(if different from above)

Phone: (home): _____ (work): _____

If Parents/Guardians are not available, in an emergency Please notify:

Name: _____

Address: _____

Phone: (home): _____ (work): _____

Relationship to Daughter: _____

Insurance Carrier: _____ Policy #: _____

Family Doctor: _____ Phone: _____

Does your daughter suffer from any physical or emotional disorders that may prevent her from participating in any activity?

If so, please explain: _____

Does your daughter have allergic reactions to such things as drugs, food, insect stings, etc? If so, please list and give type of reaction, treatment, etc.

Has your daughter menstruated? If not, has she been told about it? _____

Please list any chronic conditions or recent illnesses, which the Grand Guardian Council should be aware of?

Please specify details of medication or treatment for the above: _____

Date of last tetanus shot: _____

Does your daughter require corrective lenses? Contact lenses?

Permission to Administer Medications

I give permission for my daughter _____ to receive the following medications as needed. I understand that these medications would be administered by a chaperone who may or may not have a medical background.

(Please check all that apply)

Acetaminophen (like Tylenol)

Ibuprofen (like Motrin/Advil)

Antihistamine/allergy medication (like Benadryl) Antacid tablets (like TUMS)

Parent/Guardian Signature: _____

Phone number: Home _____ Work/cell _____

We the undersigned parents/guardians of _____ do hereby authorize the chaperones to exercise supervision of our daughter during the time that she is participating in the All Daughter Leadership Weekend. We hereby release said chaperones from any liability caused by our daughter's participation in the event.

Furthermore we authorize the chaperones to obtain for our daughter whatever emergency medical aid might be necessary as a result of injuries received during said activity and we agree to pay all costs of same. We further agree to reimburse said chaperones any monies advanced by them for such purposes and to further indemnify and save said chaperones harmless from any and all claims for medical bills or medical expenses arising from such medical aid so rendered to or for said daughter.

Mother/or Legal Guardian: _____

Father/or Legal Guardian: _____

