HOUSTON METROPLEX


**COCLLR RESERVES THE RIGHT TO ROLL OVER REGISTRATION TO THE NEXT PLANNED RETREAT IN CASE OF MAN-MADE OR NATURAL DISASTER**

**HOUSTON METROPLEX GROUP REGISTRATION DEADLINES 10 DAYS PRIOR TO THOSE LISTED BELOW TO ALLOW SUBMISSION TO COCLLR.**

**Early Bird Registration Fee (through 10/31/2022) – Adult $175 or Youth (age 6 – 17) - $165**

Regular Registration Fee (11/1/2022 – 3/4/2023) – Adult $185 or Youth (age 6 – 17) - $175

Late Registration Fee (3/5/2023 – 3/24/2023) – Adult or Youth - $200

Onsite Registration Fee – Adult or Youth - $225

PLEASE CHECK ONE (This helps us to adequately prepare for the workshops)

Adult Age: ☐ 18 – 29 ☐ 30 & up Youth Age: ☐ 6 – 12 ☐ 13 – 17

Please print legibly and complete the entire form

NAME: _____
FIRST INITIAL LAST

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____ - _____ EMAIL: _____
TO RECEIVE CONFIRMATION OF REGISTRATION

**FOR BADGE**

HOME CONGREGATION: _____ CITY: _____ STATE: _____

THERE WILL BE A $5 PROCESSING FEE CHARGED FOR REGISTRATION NAME CHANGES AFTER DATA CARDS HAVE BEEN PRINTED.

ADULT T-SHIRT SIZES (CHECK ONE):

☐ SMALL ☐ MEDIUM ☐ LARGE ☐ XL ☐ 2X ☐ 3X ☐ 4X

YOUTH T-SHIRT SIZES (CHECK ONE): ☐ SMALL ☐ MEDIUM ☐ LARGE

VEGETARIAN MEAL (CHECK ONE): YES ☐ NO ☐ Food Allergies: _____

NUMBER OF ROOMS REQUIRED _____

ROOMMATE NAMES:

_____

_____

_____

MAIL COMPLETED FORM, WITH CHECK OR MONEY ORDER TO:
JEWEL HAMILTON C/O SUGAR LAND CHURCH OF CHRIST
P.O. BOX 617, SUGAR LAND, TX 77487
CHECK SHOULD BE MADE PAYABLE TO:
SUGAR LAND CHURCH OF CHRIST

IF REGISTERED ONLINE:
CONFIRMATION #: _____
AMOUNT PAID _____

# HOUSTON METROPLEX

## CONFIDENTIAL EMERGENCY CONTACT/MEDICAL FORM

(IT IS RECOMMENDED THAT GROUP COORDINATOR KEEP A COPY FOR EACH MEMBER AT ALL ACTIVITIES AND EVENTS)

This medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and the information provided will be given to others only in an emergency situation. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness. Attach additional pages if more space is needed.

**GENERAL INFORMATION**

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE _____ EMAIL _____

**EMERGENCY INFORMATION**

HEALTH INSURANCE COMPANY _____

POLICY # _____ PHONE _____

PHYSICIAN _____ PHONE _____

PLEASE ATTACH A PHOTOCOPY OF YOUR HEALTH INSURANCE CARD.

**PERSON(S) TO CONTACT IN THE EVENT OF AN EMERGENCY**

1) NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ EMAIL _____

2) NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ EMAIL _____

**MEDICATIONS**

LIST ALL OVER-THE-COUNTER AND PRESCRIPTION MEDICATIONS, DOSAGE, AND WHAT THE MEDICATIONS ARE USED FOR. CLEARLY INDICATE ANY FOR WHICH IT WOULD BE CRITICAL OR LIFE-THREATENING IF YOU RAN OUT. BRING SUFFICIENT QUANTITIES PLUS A FIVE-DAY EMERGENCY SUPPLY WITH YOU.

**CURRENT CARE**

IF YOU ARE CURRENTLY UNDER THE CARE OF A MEDICAL PROFESSIONAL (PHYSICIAN, COUNSELOR, PSYCHIATRIST, PSYCHOLOGIST), PLEASE INDICATE CONDITIONS AND REASONS, AND EXPLAIN ANY POSSIBLE IMPACT ON PARTICIPATION ACTIVITIES.

**ALLERGIES**

LIST ALL DRUG, SEVERE FOOD, BEE STINGS OR OTHER ALLERGIES AND ASSOCIATED SYMPTOMS AS WELL AS TREATMENTS USED:

SIGNED _____ DATE _____