

## The UNPLUGGED Retreat - Registration Information

**Date:** Friday, July 12 thru Friday, July 25, 2024

**Location:** Down East Retreats in Perry, Maine

**Cost:** \$6,300, with checks payable to "Down East Retreats". Cost does not include airfare to and from Bangor, Maine. (no credit cards accepted)

**Registration Information:** Please give the completed registration forms directly to Caitlin or mail to: Caitlin Hoffman, 1484 Pollard Road Suite 172, Los Gatos, CA 95032.

### Participant Information

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Attending Fall 2024: \_\_\_\_\_ Grade: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Comments / Notes: Please list any other important information (special needs)

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Parent / Guardian Information

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Name: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Comments / Notes: Please list any other important information necessary for working with your teen (special needs, learning challenges, specific behavioral patterns, etc.):

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**Participant Photo Release**

The UNPLUGGED Retreat / All Minds Matter has my permission to use my (or my teen's) photograph publicly to promote The UNPLUGGED Retreat. I understand that the images and /or testimonials may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Participant's Name: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**The following Medical Information and Release of Liability Section must be reviewed and signed by a parent or guardian or by the participant if over 18:**

Medical Information

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I give my permission for \_\_\_\_\_ to attend the  
The UNPLUGGED Retreat for Teens.

Parent Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If I cannot be contacted, in case of emergency, I give permission to:

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

to consent to medical treatment and/or hospitalization deemed necessary by a licensed physician or emergency team. I also agree to be liable for any and all costs involved in such emergency treatment.

Be advised that my child has the following physical ailments, allergies, recent injuries, emotional or behavioral disorders, heart condition and/or takes the following listed medications:

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If neither the parent / guardian nor the emergency contact person can be reached or if a decision is time critical, I give permission to the holders of the program to consent to a medical treatment or hospitalization deemed wise by a licensed physician or emergency team. I also agree to be liable for any and all costs involved in such emergency treatment.

Health Insurance Carrier Name: \_\_\_\_\_

Health Insurance Carrier Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Liability Release Section

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I \_\_\_\_\_, (teen's parent/guardian) assume full responsibility for the teen's health being such that the retreat activities will in no way aggravate any known and present conditions. (If in doubt, please seek medical advice.)

I understand that there are inherent risks involved in travel and retreat activities that are beyond The UNPLUGGED Retreat / All Minds Matter control, and I agree to personally assume such risks. I release from any liability The UNPLUGGED Retreat / All Minds Matter and staff in the event of any accident in route to, during or returning from this program.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_