

Please complete the 2-sided form below, sign, date, and return it, along with your \$25 payment, cash or check, to one of your child's leaders no later than Wednesday, September 14. Please turn your form in ON-TIME so that I can better plan for this event.

Please make checks payable to Calvary Church.



# Retreat

Child's Name: \_\_\_\_\_ M/ F

Small Group Leader Name \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

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

Emergency Contact Person: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Emergency Contact Phone Number(s): (H) \_\_\_\_\_ (C) \_\_\_\_\_

Allergies or Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_

This is a two-sided document. Don't forget to complete page 2 of this document.

I give permission for my son/daughter to attend the Calvary 56 Retreat on Saturday, October 1<sup>st</sup>, at Camp Conquest, 480 Forest Road, Denver, Pennsylvania 17517.

I give permission for my son/daughter to ride on the bus or in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in the activities sponsored by Calvary Church. Such transportation shall be subject to the waiver/release provisions of this agreement.

I give permission for the person in charge to seek medical services if needed. If my son/daughter requires medical attention, I designate the person chosen by Calvary Church to supervise the activity as the person to select the health care provider or providers for my child, and I grant the health care provider or providers so chosen my permission to provide medical services to meet my child's needs. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned son /daughter pursuant to this authorization.

Furthermore, understanding that there is a potential risk of injury regarding any activity, I hereby release and fully and forever discharge Calvary Church and its officers, board members, agents, employees, or others acting at its direction and agree to defend, indemnify, and hold harmless from and against any claim, action, demand, cause of action, or suit, of whatever nature, whether for physical injury, medical expense, or property damage, either to the undersigned or to any child of the undersigned, which may at any time arise or accrue as a result of my child's participation in the activity. I have read, understand and agree to all the provisions stated herein.

Please provide the following information pertaining to your health care / group medical coverage:

Medical / Group Insurance Coverage Provider \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Policy/Group/Subscriber #: \_\_\_\_\_

Employer: \_\_\_\_\_

Child's Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

