

**Parental Liability Release Form  
Spring Youth Retreat  
October 13-15, 2017**

Name: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternative Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

I agree to hold harmless the **Wisconsin Assembly of the Church of God, Anderson Indiana**, and its directors from any liability, claims, or property damage and expenses, of any nature.

I, as the parent or legal guardian of this participant hereby grant my permission for \_\_\_\_\_ to participate fully in said trip, and hereby give my permission to take said participant to a doctor and hereby authorize medical treatment and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation cost.

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

Hospital Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Names and Numbers:

\_\_\_\_\_ Phone # \_\_\_\_\_

**Trip Participant**

**I understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip or activity. These are the same rules that apply for all state youth events.**

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE LIST ALL MEDICATIONS AND ALLERGIES BELOW.**

\_\_\_\_\_

<u>Office Use Only</u>		
Cash _____	Check _____	Check # _____
Scholarship Amount _____		

## **Packing List**

- Bedding: either a sleeping bag or a blanket, pillow, and sheet
- Towel
- Tennis shoes
- Grooming supplies: brush, comb, toothbrush, toothpaste, soap, deodorant, and shampoo etc...
- Clothes for Friday, Saturday and Sunday: indoor and outdoor activities
- Sleepwear
- flashlight
- Medications: Prescription and over the counter meds
- Bible, notebook, and pen/pencil to take notes

## **A note about clothing**

While clothing is a form of self-expression, we ask that personal modesty in dress be observed. For guys and girls, this means that undergarments should remain under clothing and clothes should fit appropriately. Please no spaghetti strap shirts, super short shorts/skirts, or droopy drawers.

## **Misc. Items**

- This is a time to get away from all things that take our time away from God. Let's make this a time to experience Him and make new friends. Please be responsible and respectful with any electronic devices you choose to bring. You are completely responsible for all your possessions.
- If you have any allergies, make note of this on the permission slip.
- The camp phone number is 1-608-524-2116.
- If you have any questions or concerns you can call Rachel Scheunemann's cell number at (608) 792-6089, Kristen Reed at (816) 509-5541, or Chad Dillard at (208) 284-7713. If we do not answer the phone it is because we are in the middle of teaching or engaged with the kids. Please leave a message and we will get back to you.