

New Life Church | youthlife

Youth Retreat Permission & Release Form | March 9-11

PARTICIPANT INFORMATION:

NAME (FULL): _____ MALE/FEMALE: _____ BIRTHDATE: ___/___/___ GRADE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____

PARENT(S)/GUARDIAN(S): _____ CELL PHONE(S): _____

MEDICAL INFORMATION:

INSURANCE COVERAGE? YES | NO INSURANCE POLICY #: _____ PHONE #: _____

PRESCRIPTION MEDICINE: _____

HEALTH PROBLEMS/LIMITATIONS: _____

ALLERGIES TO DRUGS OR FOODS: _____

MY CHILD CAN BE GIVEN PAIN REDUCING MEDICATION (TYLENOL, ASPIRIN, ETC.) AS DEEMED NECESSARY YES
 NO / IF "NO" LIST MEDICATIONS NOT TO BE DISPENSED: _____

RULES: Students are under the authority of New Life Church staff and volunteers. No stealing, illegal drugs, weapons, tobacco, fighting, sexual activity, or alcohol. On overnight events, no members of the opposite sex are allowed in a room or tent together without supervision. No wandering off alone. No cell phones during camp, missions trip, or any Wednesday night or Convention services. Students who damage property are responsible for repair/replacement.

Parents may be asked to drive and pick up student if rules are violated.

MEDICAL & LIABILITY RELEASE: I understand the nature of the New Life Church activities in which my son/daughter will be participating and that he/she is expected to abide by all church and facility rules during the course of the activities. I, acting on my own behalf, also release New Life Church, its church staff, and volunteer leaders from any liability whatsoever arising out of disregard of rules, property damage, or loss as well as any injury, sickness, or death which may be sustained by my child as the result of participating in any New Life Church activity. I hereby give my permission for him/her to participate in the Youth Retreat on **March 9-11th, 2018**.

I authorize New Life Church to use our child's likeness in photographs or video in any and all of its publications, website, and other media. I will make no monetary or other claims against the church for the use of such photos or videos. I understand that if my child misbehaves and violates the New Life Church rules, I may be called to pick him/her up from any activity.

I give my permission for the local physician to treat the listed student in the event of a minor illness or minor injury. In case of emergency, and when I am unable to be contacted, I hereby give permission to the local physician selected by New Life Church staff or volunteers to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

For office use only: Amount paid: _____ Amount scholarshipped: _____ Paid in full: Y / N