

PARENTAL PERMISSION AND RELEASE FORM

Event/Activity: Winter Retreat 2012

Date(s): February 24th to February 26th

Participants Name: _____ Phone: _____ (Home)

Age: _____ Birth Date: _____ Phone: _____ (Cell)

Parent/Guardian: _____ Phone: _____ (Home)

Phone: _____ (Work)

Phone: _____ (Cell)

Emergency Contact: _____ Phone: _____

I hereby give permission for my child to participate in the above mentioned activity/event and I voluntarily waive and release Pleasant View Church of the Brethren, its leaders, and its members, from any claim due to personal injury or damage during any time associated with this activity/event. I give permission for my child to be transported to and from this activity/event and release Pleasant View Church of the Brethren and its leaders from responsibility and liability for any injury or illness that my child may sustain during transportation. I give permission for my child to receive emergency medical treatment.

Signature of Parent/Guardian

Date

Medical Information: *(Must be completed for child to participate)*

Allergies: _____

Medication currently being taken and frequency: _____

Date of last Tetanus shot: _____

Physical handicaps or limitations: _____

Medical Insurance Company: _____

Policy Number: _____ Members Name: _____

Doctor's Name and Phone: _____

YES Do we have your permission to use pictures that we take of
your teen on our website?

NO