

Parental Consent Form

RYG Winter 2018 Retreat

Due: Sunday, January 6, 2019 – or when sold out!

Early Bird Deadline: Sunday, December 30, 2018 (for only \$85!)

Student Name: _____ Age: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Student's Email: _____ Parent's Email: _____

Parent's Cell Phone: _____ Student's Cell Phone: _____

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the high school retreat, sponsored by Lutheran Church of the Redeemer, at Camp Skyline (Almont, MI) from January 18-20, 2019. We will meet in the church parking lot at 3:45pm on Friday, January 18th, and return at approximately 12:30pm on Sunday, January 20th, 2019.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby indemnify and hold harmless, Lutheran Church of the Redeemer, its employees and volunteer chaperones; and I (we) give permission for our (my) child to ride in a vehicle driven by a church employee or volunteer while attending and participating in the retreat.

Insurance Company

Insurance Policy #

Name of Father (Please print)

Name of Mother (Please print)

Signature of Father
(at least one signature required)

Date

Signature of Mother

Date

Emergency Contact Name

Emergency Contact Phone Number

I am enclosing a \$95 non-refundable payment.

Early Bird Discount (**on or before December 30th**): I am enclosing a \$85 non-refundable payment.