

Please complete the form below and return it, along with your \$25 payment, to one of your child's leaders no later than Wednesday, October 3rd. Please make checks payable to Calvary Church.



Retreat 2018 Permission Form

Child's Name: _____ M/ F

Grade: _____ Birth date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Person: _____ Relationship to Child: _____

Emergency Contact Phone Number(s): (H) _____ (C) _____

Allergies or Special Instructions:

I give permission for my son/daughter to attend the Calvary 56 Retreat at Camp Conquest.

I give permission for my son/daughter to ride on the bus or in any vehicle designated by the adult in charge if the bus is full.

In the event of injury, I release Calvary Church from any claim.

I give permission for the person in charge to seek medical services if needed.

(Note: If you have HMO, please state requirements of that policy below in order for person in charge to seek medical help.)

Parent Signature _____ Date _____

