Activity:	Winter Retreat					When: Jan	When: January 15 – 16		
Where:	Skyview Ranch (Millersburg, Ohio)					Cost:	\$55		
Items Needed	:Warr	n Cloth	ning, I	Bedding,	Bible, Toiletry I	tems &Towels			
Hoodie Size:	S M L XL (Please Circle One					One. All Hoodies Will	All Hoodies Will Be Adult Sizes.)		
🗆 I ackno	owled	ge tha	t the	medical	information on	file for my child,	/children is up	to date and current.	
Students Name: _						Parent Contac	Parent Contact #:		
Activity:	201	7 Winte	er Retr	eat		Date:	January 15	5 & 16, 2017	
injury I desire tha leaders and/or m In signing this for	t he/sh edical p m I free	e receivo personno e Calvary	e emei el. v Bapti	rgency med ist Church d	lical care, and here	by give my permissi	on for the necessar y, actions, causes c	Church. In case of illness or ry treatment by activity of actions, claims, expenses,	
Date						Signature	Signature of Custodial Parent/Guardian		
Activity:	Winter Retreat					When: Jan	uary 15 – 16		
Where:	Skyview Ranch (Millersburg, Ohio)					Cost:	\$55		
Items Needed	:Warr	n Cloth	ning, I	Bedding,	Bible, Toiletry I	tems &Towels			
Hoodie Size:	S	Μ	L	XL	(Please Circle	One. All Hoodies Will	Be Adult Sizes.)	□ Registered By January 8 th	
🗆 I ackno	owled	ge tha	t the	medical	information on	file for my child,	/children is up	to date and current.	
Students Name:						Parent Contac	Parent Contact #:		
Activity:	2017 Winter Retreat					Date:	January 15	5 & 16, 2017	

"I give permission for my child to attend the above-named activity, which is sponsored by Calvary Baptist Church. In case of illness or injury I desire that he/she receive emergency medical care, and hereby give my permission for the necessary treatment by activity leaders and/or medical personnel.

In signing this form I free Calvary Baptist Church and its volunteers of any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury in connection with participation in the described activity."

Date___



