

CROSSROADS CHURCH YOUTH SPRING RETREAT at
COVENANT HILLS CAMP, 10359 Farrand Rd, Otisville, MI 48463, 810-631-4531
April 21-23, 2023
Depart Friday, 4/21 at 4:00 pm / Return Sunday, 4/23 at 2:00 pm

To attend this event, please fill in the form below and hand it to your leader when you sign up for the event.
You cannot attend this youth event without a permission slip signed by a parent or guardian.

STATEMENT OF LIABILITY & CONSENT/PERMISSION SLIP
A parent or guardian of each student that participates MUST complete this form

Student's Name: _____ Birthday: ____/____/____ Age: _____

Parent's Name: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Parent Email: _____ Student Email: _____

Food allergies _____
(All special dietary needs must be noted. Additional dietary fees from camp will be applied)

Other allergies/disabilities? _____

PERMISSION SLIP FOR EMERGENCY TREATMENT

Should a medical emergency arise, the Crossroads Church staff and leaders have my permission to obtain any necessary emergency care for my son/daughter.

Signature of Parent/Guardian **Date**

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact: _____ Emergency Phone: _____

Insurance Company: _____

Group/Policy # _____

Please Note – Medical facilities may choose not to treat your child, unless this form is notarized or you can be reached by phone.

STATEMENT OF INSURANCE

In the event of an injury, during any aspect of a student's participation in this Crossroads Church Youth Event, IT IS THE RESPONSIBILITY OF THE PARENTS OR THEIR INSURANCE COMPANY TO PAY FOR MEDICAL EXPENSES, INCLUDING AMBULANCE FEES.

PERMISSION TO PARTICIPATE

I hereby state I have read the above statements and under these conditions grant permission for my child _____ to participate in this youth event. I agree to hold Crossroads Church, its employees, and volunteers harmless for any claim or action that might arise on behalf of myself or my son/daughter other than for the wilful, wanton, or reckless misconduct of Crossroads Church, its employees or volunteers. I understand that my son/daughter will agree to obey the instruction of the Crossroads Church staff and leaders and respect the rights of others.

Name of Parent/Guardian **Signature of Parent/Guardian** **Date**