

**PARENTAL PERMISSION & MEDICAL RELEASE FORM
CHRIST'S CHURCH, RYE**

PARTICIPANT'S NAME: _____ GRADE: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ EMAIL: _____
PARENT/GUARDIAN NAME: _____ DAY PHONE: _____
EVENING PHONE: _____ EMAIL: _____

I give permission for _____ to participate in the following event associated with Christ's Church Confirmation Class : **Weekend Retreat Greenkill Retreat Center in Huguenot, NY on Friday, October 27 – Sunday, October 29, 2017 from 4 pm, October 27 – 1 pm, October 29, 2017.**

I give my permission to engage in all activities except as noted on the back of this form.

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In the event that I cannot be reached, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital case required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician.

I hereby indemnify, agree to hold harmless, and waive any claim against Christ's Church, Rye, NY, its members, representatives, employees, and each of them, for any and all past, present, or future loss to property, and/or bodily injury resulting from any activities engaged.

DATE: _____ SIGNATURE: _____ RELATIONSHIP: _____

BIRTHDATE OF MINOR: _____ DATE OF LAST TETANUS SHOT: _____

FAMILY PHYSICIAN: _____ PHONE: _____

FAMILY DENTIST: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY #: _____

NAME OF POLICYHOLDER: _____

ANY DRUG OR FOOD ALLERGIES: _____

SPECIAL NEEDS (INCLUDING DIETARY, MEDICATIONS): _____

IF I CANNOT BE REACHED, PLEASE CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

COMMUNITY AGREEMENT FOR ALL PARTICIPANTS

Throughout this event, I agree:

- 1) not to bring or use alcohol or any illegal, non-prescription drugs. My parent/guardian will be notified, and I will be sent home at my own expense if I violate this agreement.
- 2) to respect the needs and property of others, and not to participate in any inappropriate , sexual, or violent behavior.
- 3) not to leave the event site without the permission of an adult advisor; and
- 4) not to use any tobacco products.

I understand that these agreements are meant to make this event the best, safest, and most fun possible for everyone, and that if I violate any of them, the leadership team will have the authority to determine appropriate consequences. I have read and agree to live by these standards.

Participant's signature

Date