

Greater Heights United Methodist Church
Clayton, NC

Leadership Retreat GUARDIAN PERMISSION FORM

Child(ren)/Youth(s) Name: _____

Name/Date/Time of Event: _ Winter Retreat February 19-21, 2016_____

Location/Host: _ Watermarks Camp (Scottsville, VA) and Wintergreen Resort (VA)_

Description of Event: Winter Retreat: A weekend event for all middle and high school youth focusing on worship, fellowship and discipleship.

Emergency contact name & phone # during event: _____

Current Health Insurance information: _____

Allergies: _____

I hereby give permission for my child to participate in this event. I absolve the adult leaders, Greater Heights UMC, host location listed above and the United Methodist Church from liability for any accident, or illness that might occur on this/these events.

In case of a medical emergency, if I cannot be reached, the adult leaders have my permission to act on my behalf to obtain emergency treatment for my child by any recognized medical facility or doctor.

I understand that if there are any disciplinary problems with my child that the adult leaders may require me to pick up him/her up at the event, or nearby safe location.

Guardian's signature _____