

WNY District Winter Retreat
Camp Hickory Hill
Jan 25-27, 2019
“The Light of Life!”



_____ \$70 if paid by the registration deadline of Dec 9

_____ \$80 after Dec 9 but before the final deadline of Jan 9th

I, _____, will be attending Winter Retreat 2019!!
(Print Students Name)

_____ I have filled out the permission slip (on the back of this sheet)

Parent/guardian Signature

Return this completed form and your payment, to your youth leader as soon as you can!



Medical Release & Permission Form

WNY-District *Winter Retreat*, January 25-27, 2019

I, _____, am the parent or legal guardian of _____, hereinafter, "my child",
Name of parent or guardian Name of minor

who was born on _____. My child has my permission to attend the *Winter Retreat* with churches from the Western New York District of the Wesleyan Church under proper supervision from Pastors from those churches and approved adult leadership of the churches (which may include other pastors, staff, leadership and appropriately screened adult volunteers).

I hereby authorize the Pastors and all other approved adult leadership of the churches who are 18 years of age or older, who supervise the activities at this event into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. This permission is granted without the necessity to contact me first.

I further authorize the Pastors and all other approved adult leadership of the churches who are 18 years of age or older, who supervise the activities at this event to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Pastors and all other approved adult leadership of the churches who are 18 years of age or older who supervise the activities at this event.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

I also understand that there are inherent risks involved in any ministry event and hereby release the churches, the Pastors, and approved adult leadership of the churches from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

Dated _____
Signature of parent or legal guardian

Additional emergency information

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Medical / health insurance company _____ Insurance policy no. _____ Group number _____

Alternate emergency contact (when parents cannot be reached) _____ Phone Number _____

Allergies / allergic reaction of my child _____

Medicine being taken by my child _____

Other information regarding my child's health that a doctor should know _____

You may request one person for your cabin: _____ TShirt Size: S M L XL XXL

Please check this box if you consent to our ministry using your child's image in the promotion of ministry events.