

Permission/Release Form for Youth Events
2019 Winter Retreat at Arrowhead Bible Camp
Friday, January 4, 4:30 PM to Sunday, January 6, Noon
Permission Slips Due on Wednesday, December 19.

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Teen's Last Name	First	Middle Initial		Birthdate		Age
<hr/>			<hr/>			
Parent/Guardian (if under 18 years of age)			Health Insurance Company			
<hr/>			<hr/>			
Address			Insurance Policy #		Expiration Date	
<hr/>			<hr/>			
City	State	Zip + 4				
()	()		T-Shirt Size (Circle One): S M L XL 2XL			
Home Phone #	Emergency Phone #					

List any physical or health conditions that may affect you/your child's experience at camp:

Are you or your child allergic to anything? If so, what action is required if exposed?

I certify that my child or I am in good health, free from communicable diseases, and is able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for me/my child as named above.

I also understand that my/my child's participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge First Baptist Church and Arrowhead Bible Camp, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

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Parent Signature	Date