

**Permission/Release Form for Youth Events**  
**2021 Winter Retreat at Arrowhead Bible Camp**  
**Friday, February 26, 4:30 PM to Sunday, February 28, 4:30 PM**  
*Permission Slips Due by Wednesday, February 17.*

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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/>				
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