Permission/Release Form for Youth Events 2022 Winter Retreat at Arrowhead Bible Camp

Friday, February 4, 4:30 PM to Sunday, February 6, 4:30 PM

Permission Slips Due by Sunday, Jan 9

COST \$60 Make checks payable to FBC

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|--|--|----------------------------|---|-------------------|---|
| Teen's Last Name | First | Middle Initial | Birthdate | Age | |
| Parent/Guardian (if under 18 years of age) | | | Health Insurance Company | | |
| Address | | | Insurance Policy # | | Expiration Date |
| City | State | Zip + 4 | | | |
| () | () | | T-Shirt Size (C | ircle One): S | M L XL 2XL |
| Home Phone # | Emergency Phone # | ‡ | | | |
| Are you or your child aller | gic to anything? If so, wha | at action is required if e | exposed? | | |
| activities unless note | d. In case of medication of | al and/or surgical organ | emergency, I hereb ization to hospitaliz | y give permission | o participate in all camp n to the trained medical treatment for, and order |
| and unanticipated ris | ks. I hereby release es from any and all | and discharge Fi | rst Baptist Church | and Arrowhead E | rs both from known risks Bible Camp, its officers, ge I/my child may suffer |
| Parent Signature | | | Date | | - |