



Students Name	Age	Grade	M/F	
Parents Name	Phone			
Address (City		State	
Medical Allergies, Illnesses, Conditions or Limitations				
Medications Currently Taking				
Health Insurance Carrier	Policy/ID Number			
Emergency Contact	Phone Number			
Emergency Contact	Phone Number			

*Permission Slip & Medical Agreement:

I give ______ permission to attend the <u>Youth Winter Retreat at the</u> (name of youth)

Byther Cabin with the EPCC Youth Group on the following dates January 18 - January 21, 2019.

I understand all reasonable safety precautions will be taken by Elk Plain Community Church and its agents during the events and activities. I authorize any treatment by an accredited hospital and or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Elk Plain Community Church, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent's printed name:	
Parent's signature:	Date:

*Behavior Agreement:

I agree that by coming on the Winter Retreat I will be expected to honor those in authority over me and conduct myself appropriately by following directions & accepting instructions while a guest of the Byther's. I will stay in supervised locations and do my best to participate with the group. I will refrain from bad language or gestures and will do my best to get along with others. I will not participate in anything illegal such as drug or alcohol use. I agree to abide by the rules set forth by the staff and sponsors of this trip and indicate by my signature that I understand and agree to these terms. I also understand that I will be responsible for arranging transportation home in a way acceptable to my parents and the staff/sponsors if I do not abide by the rules established for this event.

Parent's signature: _____

Youth's signature: _____

Date: _____

Date: _____