

Urban Adventure Retreat 2006

Medical Authorization, Covenant, Release, & Permission form

Thank you for completing and signing this form. You can mail this form along with the registration fee to:

Christ Church Episcopal
Att: Gretchen R. Creel
Interim Christian Education Director
400 Holcomb Bridge Road, Norcross, GA 30071

Please make checks out to Christ Church Episcopal for \$100.00

Youth's Name (print) _____
Address: _____
City: _____, State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Parent(s) Names: _____ Office Phone: _____
_____ Office Phone: _____

In case of an emergency contact:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Medications: _____
Allergies: _____
Date of last tetanus shot: _____
Physician's Name: _____
Physician's Phone Number: _____

I agree to live by the standards set for the event. I understand there is no use or possession of alcohol, tobacco, illegal drugs, or weapons of any kind. I understand inappropriate sexual behavior is not tolerated. If I choose to violate these standards or am knowingly in the presence of others violating these standards, I will be sent home immediately at my own expense.

Participant's Signature Date

I, the undersigned, do give permission for my child _____ to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Christ Church Episcopal, Norcross, GA. Furthermore, an adult staff member at this event has my permission to seek medical attention for my child if necessary. I shall be liable and agree to pay all costs, expenses incurred in connection with such medical attention.

Parent / Guardian Signature Date