

H.O.P.E. Church Retreat Consent Form

Part I: To be filled out by children under 18 years of age

Rules and Guidelines:

1. You are expected to attend all meetings and activity. Please make a note of the starting times and be on time.
2. You are not allowed to leave the camp site for any reason during the retreat.
3. Do not disturb others who are asleep. Quiet times are not times to wander around camp site.
4. No visiting other of the opposite sex in their rooms. Please observe this modesty rule and wait outside of the room for your friends.
5. You are to check with your youth advisor for anything that alters from above. All check out must be made with the advisor.

*** If you violate the retreat guidelines and choose to ignore your advisors recommendations, your parent/guardian will be notified. Your advisor may request to send you home (at your expense) or you'll be asked to join your parents/guardian for the remainder of your stay.

I have read and understand the guidelines list above and agree to follow them.

1. _____
PRINT NAME Signature Date
2. _____
PRINT NAME Signature Date
3. _____
PRINT NAME Signature Date

Part II. To be filled out by the parent/guardian

Parental Consent and Medical Release:

I, _____ have read and understood the retreat guidelines for my child(ren). I give permission for my child(ren) to attend H.O.P.E. Church retreat May 22-24, 2015 at Calvary Chapel Conference Center. In the event of accident or illness (to/from or during the retreat), I authorize H.O.P.E. Church to obtain necessary medical treatment for my child(ren). I understand that if any emergency arises, every effort will be make to contact me. However, if I cannot be reached, I authorize H.O.P.E. Church to secure the services of a licensed physician to provide all care necessary for my child(ren). I assume all responsibility for any medical bills, costs, or demands for personal injury, sickness, or death, as well as property damages and costs of any nature which may be incurred by the minor signed above.

1. _____
Name Birth date Allergies, medical conditions, current medications.
2. _____
Name Birth date Allergies, medical conditions, current medications.
3. _____
Name Birth date Allergies, medical conditions, current medications.

Address: _____
Street City State Zip

_____ Home Phone Cell Phone Additional phone

Medical Insurance Information: _____
Carrier Policy Number

Parent: Print Name Signature Date

Guardian: Print Name Signature Date