

Which Weekend are you joining us at?

Sr High Mar 27-29

College April 3-5

E PA Jr High April 3-5

Metro Jr High April 17-19

Combo April 24-26

to be counted in for the retreat you must have a guardians signature on this form!

name: _____

circle one: MALE FEMALE

grade:

6 7 8 9 10 11 12 Leader

address: _____

city: _____

state: _____ zip: _____

phone: (_____) _____

emergency contact: _____

phone: (_____) _____

church name:

group leader:

MEDICAL QUESTIONNAIRE

1.) Is your child presently taking any medications **or** carrying any emergency medication?

YES NO

Medication Dose Condition Being Treated

A.

B.

C.

2.) Is your child allergic to any type of medication?

YES NO

If yes, what medication:

3.) Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity?

YES NO

If yes, please explain:

CONSENT & CERTIFICATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that neither the Church nor the Metropolitan District of the C&MA will be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the Church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. I the undersigned being the parent or legal guardian of the child named herein ("the child"), do hereby consent to the participation of my child in all of the scheduled activities of the Metropolitan District of the C&MA "Alliance Youth" during the 2009 youth retreat at Lake Champion in Glen Spey, NY, including swimming, boating, hiking, climbing, ropes course, zip line, climbing wall, sporting events, and any other activities that are associated with this church youth weekend. Further, I certify that my child is physically fit and adequately trained to participate in such events except as previously noted.

Signature of Guardian and Date

Insurance Policy & Group #
