

Oasis Permission Slip for the 2018 Winter Retreat to Camp of the Woods

I, _____ the parent or legal guardian of: _____, give my son/daughter permission to attend the Hope Church Oasis Youth Group Winter Retreat at Camp of the Woods on the dates of February 15th through the 19th of 2018. By signing this permission slip I consent to all transportation to and from the retreat and activities during the retreat. I also consent to all activities that my child may participate on this trip such as: Skiing, snowmobiling, snowboarding, snow tubing, ice skating, hikes, swimming, rock climbing wall, and general gym activities like volleyball, basketball, and dodgeball. I also give consent to any chaperones, servants, employees and agents of Hope Church to seek out any and all medical treatment that may be required in case of an emergency. In addition I release these chaperones, servants and employees and agents of Hope Church from liability, and or all actions taken in good faith in providing care for my child.

Signed (Parent/Legal Guardian):

Print (Parent/Legal Guardian):

Date: _____

Winter Retreat Medical Information

Medical Insurance Company: _____

Policy # _____

Dr. Name & # _____

Food Allergies: _____

Medicine Allergies: _____

Home Phone # _____

Emergency Cell #1, Name & Number _____
