ALTO FRIO PRE-EASTER RETREAT ~ APRIL 2 - 4, 2015

CAMPER & SPONSOR Permission & Medical Release Form – Copy as Needed

Circle: Male/Female

Name:_____Grade:_____

Address: _____Age: _____

City, State, Zip: _____

Church group you are coming with to camp:_____

What church do you attend? _____

I have read the retreat policies and agree to abide by them.
Camper's Signature:_____

MEDICAL INFORMATION & EMERGENCY RELEASE INFORMATION

Family Doctor: _____ Phone: (___)_____
Date of last tetanus shot, if known: _____
Insurance Name/Policy #: _____
List below any allergies, medical conditions, or prescriptions being taken:

I give permission for my son or daughter to attend the Alto Frio Pre-Easter Retreat and give consent for the church sponsors or retreat staff to secure emergency medical treatment for my youth if needed.
Parent or
Guardian's Signature: _____ Date: _____
Home Phone: ( )_____ Cell Phone: ( )_____
Other Contact Numbers: _____
Email address:_____

Circle T-Shirt Size Needed:

Youth Large Youth X-large

Adult Small Adult Medium Adult Large Adult X-Large XX-Lrg XXX-Lrg

For Church Use:
Deposit Received – Date:_____Amount $_____ Cash/Ck #_____
Balance Paid – Date:_____Amount $_____ Cash/Ck#_____