

ABIDING PRESENCE LUTHERN CHURCH
REGISTRATION & PERMISSION FORM—Confirmation Retreat
to Shelter Island, NY
September 19-21, 2025
(631) 749-0430

I give my permission for _____ to attend the Retreat at Camp Quinipet, Shelter Island, NY on September 19th - 21th, 2025. I understand that although this activity will be chaperoned, my son/daughter is responsible for his/her own actions and is expected to behave in an appropriate manner. In case of emergency, I hereby give my permission to the physician of the medical facility selected by the adult leader or designee, to furnish the necessary and proper medical treatment to my son/daughter.

Parent Signature

Phone Numbers

Name of Medical Insurance Carrier &
Policy #

Please note below any medical conditions, allergies or medications your child may have or need, that we should be aware of:
