



“CIY MIX” RETREAT, June 23-26, 2019

***COST: \$400 (includes Reg., lodging, & meals)
(Non-Refundable Deposit: \$150, Due by April 28th)***



Medical/Permission Release Form

Name: _____ *Age:* _____

Address: _____

City: _____ *Zip:* _____

Phone: (____) _____

As parent/guardian of _____, I hereby give permission for her/him to attend “CIY Mix” on June 23rd - 26th in Cedarville, Ohio. In the event of a medical emergency, I give my consent for the administration of any treatment or medication deemed necessary by a licensed physician at the most readily accessible hospital or medical facility.

Insurance Co. _____

Policy Number _____

Known Allergies: _____

Current Medications: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell: (____) _____

In case of emergency notify: _____

Phone: (____) _____ Relationship to student: _____

Parent’s/Guardian’s Signature: _____