



5170 NW Five Oaks Drive Hillsboro, OR 97124 503-617-9526
www.comchristchurch.org

Youth Group Permission Form

Participant's Name _____

Activity High School Youth Retreat at Camp Lutherwood

Cost: \$100.00

Possibly \$20 for bus

Departure Date/Time Friday, Feb 19 – 4:30om

Return Date/Time Sun, Feb 21 - 3:00pm

Location of Activity: Camp Lutherwood –

Meet at Shepherd of the Valley Lutheran Church

(17625 NW Cornell Road · Beaverton, OR)

I, the parent or legal guardian of the above-name child, grant permission for his or her participation in the activity described above.

I, the parent or legal guardian of the above-named child, grant permission to the youth group supervisors to authorize necessary medical services in an emergency. It is understood that all reasonable efforts will be made to contact the parent or guardian at the phone numbers listed below. I release Community of ChristChurch from any liability or damages, including claim for injuries incurred by my child as a result of participation in this activity. I also agree to be responsible for any expenses not covered by my home insurance that may be incurred as a result of an accident or medical emergency involving the above-named child.

Signature of Parent or Guardian _____

Date _____ Phone #1 _____ Phone #2 _____

Doctor's Name _____ Phone# _____

Special Medical Needs/Allergies _____

Health Insurance Provider _____

Policy Number _____