



BNF CHURCH 4D YOUTH RETREAT

CONSENT FORM

YOUR CHILD WILL BE ATTENDING A YOUTH RETREAT TO:

LAKE PLACID CAMP & CONFERENCE CENTER

DATE	MARCH 30, 31, AND APRIL 1 OF 2012	TIME	FRIDAY 6:15:00 A.M. SHARP!
LOCATION	LAKE PLACID CAMP AND CONFERENCE CENTER		
COST	\$ 155 (\$135 FOR RETREAT, \$20 FOR STN—RISE UP TRANSPORTATION)		
TRANSPORTATION	RISE UP YOUTH MINISTRY (STN)		
NOTES	<p>NO CELL PHONES, IPODS, OR OTHER ELECTRONIC DEVICES EAT GOOD BREAKFAST PRIOR TO DEPARTING EACH CHURCH. YOUTH ARE TO ABIDE TO ALL RULES ESTABLISHED BY LEADERSHIP OF 4D YOUTH MINISTRY. WE ASK THAT THE PARENTS DO NOT CALL OR CONTACT THE YOUTH DURING THE RETREAT. THEY WILL BE IN VERY GOOD HANDS AND IF THE PARENTS NEED TO BE CONTACTED FOR ANY REASON THEY WILL BE. IF A YOUNG PERSON BREAKS THE RULES HE MAY POSSIBLY BE SENT BACK HOME AT THE EXPENSE OF THE PARENTS.</p>		

PLEASE RETURN THIS PERMISSION SLIP BY:

MARCH 28TH 2012

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I GIVE PERMISSION FOR MY CHILD _____ NAME: _____ FROM _____ SAVE THE NATIONS (STN)

TO ATTEND THE YOUTH RETREAT TO _____ LAKE PLACID CAMP AND CONFERENCE CENTER ON _____ MARCH 30-APRIL 1 OF 2012

FROM _____ SAVE THE NATIONS TO _____ LAKE PLACID CAMP AND CONFERENCE CENTER

I HAVE PAID \$ _____ 155 _____ TO COVER THE COST OF THE 4D YOUTH RETREAT.

MEDICAL INSURANCE NAME, MEMBER # AND PHONE # _____

(___) MY CHILD DOES NOT HAVE MEDICAL INSURANCE

BNF CHURCH OR LAKE PLACID CAMP AND CONFERENCE CENTER OR SAVE THE NATIONS CHURCH WILL NOT BE HELD LIABLE FOR ANY ACCIDENTS/INCIDENTS DURING THE RETREAT. IN CASE OF AN EMERGENCY, I GIVE PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT. IN CASE OF SUCH AN EMERGENCY, PLEASE CONTACT:

NAME _____ PHONE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____