



# JR High Retreat

**Where:** Leavenworth, Quality Inn Hotel  
**When:** Friday, March 19th - Sunday, March 21st  
**Who:** 7th, 8th, & 9th graders  
**Cost:** \$125, plus money for lunch up and back  
**Bring:** Warm clothing for 3 days, hat, gloves, modest swimsuit, spending money, Bible, pen, and friends!

A \$50 non-refundable deposit is due at sign up. The remaining payment is due in full by March 14th.

## Permission Slip / Medical Release Form

I hereby agree to follow all rules set before me on this youth trip. During my attendance at this retreat, I will conduct myself in such a way as to honor and respect all leadership staff, my peers, and myself, and to adhere to any and all guidelines set forth for this trip.

**Student Name (printed):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby give permission for the above youth to participate in the Junior High Winter Retreat. I understand that the group will have adult supervision.

I understand that my youth will be riding on a bus, staying at Quality Inn, and will possibly be traveling with other youth to a ski resort, and that they will be skiing, snowboarding, or sledding where injuries may occur. I hereby release His Place Community Church, its staff, sponsors, volunteers and leaders from responsibility and liability for any injury or illness that my child may sustain during this retreat. I give my permission to any adult leader to seek emergency care for my youth, including anesthesia, should the need arise.

**Please list any allergies your child may have to medications or any current medical conditions he/she may have.**

\_\_\_\_\_  
\_\_\_\_\_

**Guardian Name (print):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signed Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

**Medical Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_