

**Permission/Release Form for Youth Events**  
**2020 Winter Retreat at Arrowhead Bible Camp**  
**Friday, January 17, 4:30 PM to Sunday, January 19, 4:30 PM**  
*Permission Slips Due by Sunday, January 5.*

<hr/> <small>Teen's Last Name</small>	<hr/> <small>First</small>	<hr/> <small>Middle Initial</small>	<hr/> <small>Birthdate</small>	<hr/> <small>Age</small>
<hr/> <small>Parent/Guardian (if under 18 years of age)</small>			<hr/> <small>Health Insurance Company</small>	
<hr/> <small>Address</small>			<hr/> <small>Insurance Policy #</small>	<hr/> <small>Expiration Date</small>
<hr/> <small>City</small>	<hr/> <small>State</small>	<hr/> <small>Zip + 4</small>		
<hr/> <small>( )</small>	<hr/> <small>( )</small>		<small>T-Shirt Size (Circle One): S M L XL 2XL</small>	
<hr/> <small>Home Phone #</small>	<hr/> <small>Emergency Phone #</small>			

List any physical or health conditions that may affect you/your child's experience at camp:

Are you or your child allergic to anything? If so, what action is required if exposed?

I certify that my child or I am in good health, free from communicable diseases, and is able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for me/my child as named above.

I also understand that my/my child's participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge First Baptist Church and Arrowhead Bible Camp, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date