

**WHERE:** Rhodes Grove (Chambersburg, PA)
**DATE:** April 20-22, 2018 \*Full weekend participation is required **WHO:** Any 6th-12th  grade students

**TIME:** Leaving Friday at 5:30/Returning Sunday by 12:30
**MEETING LOCATION:** FUMC
**COST:** $72.00
(Total Cost: $147/Church Portion $75/Participant Portion $72)\*

**DEADLINE:** MARCH 25th, 2018

**Emergency Contact for the event:** Lisa Aronson 716-510-8948

![164110760[1]]()
 Checks can be made payable to First Church with “Spring Retreat” in the memo line.
\*Please note that cancellations beyond the deadline cannot be guaranteed a refund. Once numbers are submitted to retreat centers the total cost payment is non-refundable. Please consider this if canceling for non-emergency/illness related reasons.

 **Event: SPRING RETREAT**

Name of Youth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Youth Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_P/G email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact for during the event : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #: \_\_\_\_\_\_\_\_\_\_\_\_**

**Current “Participation and Medical Authorization Form” on file with Youth Dept?** □ YES □ NO
(current form MUST be on file for any off-site youth related event)

**Participant Agreement:**

I will conduct myself in a mature, respectful, and Christian manner as outlined in the Youth Covenant during this event. I will obey all rules and regulations set up by the youth department and those facilitating this event.
**Youth Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Permission:**

As Parent/Guardian, I consent for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend this church sponsored trip/event mentioned above. In the event of an accident or emergency involving my child in connection with this trip/event, I give my permission to the supervising adults to give or to seek whatever First Aid and/or Professional Medical Treatment they deem necessary. I further authorize the supervising adults to make medical decisions for my child until I am able to do so. I agree to hold harmless First United Methodist Church**,** its Pastors and members, agents, assigns, and all of the supervising adults of this trip/event from any and all liabilityassociated with this trip/event including but not limited to any and all medical decisions on my behalf by the supervising adults and any and all injuries incurred by my child at this trip/event. This paragraph shall be construed broadly to allow supervising adults to make any and all emergency medical decisions on my behalf until I am able to do so.
**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
□ Check here if you would like to be considered for a scholarship for this event to help offset the financial cost.