# 2019

# Annual Winter Retreat Permission Slip

### Time: FRIDAY January 18th at 6:30 PM- Monday January 21st at 4:00 PM

### Place: Pigeon Forge Tennessee

**Important Information**

* We will meet at the church at 5:30 PM Friday and leave from CIC.
* Please turn this form in by November 28th with your $100 deposit. Final balance is due January 10th, 2019. This covers lodging, a day at Magical Quest, an evening of skiing or snowtubing, admittance to the Mystery Murder Dinner and meals for Sat- Sunday. If you cannot afford the $226.00, let Deandre know, and we’ll work something out. There is a sibling discount and if any outside youth plan to attend, please inform Deandre ASAP
* If you have any questions, contact Deandre at (706-491-9117).

**Please Bring**

* Toiletries- towel, soap, deodorant, toothbrush, etc.
* Bedding- sheets, blankets, sleeping bag
* Warm clothes- the buildings are heated, but we will have to be hiking, and spending some time outside around the fire, also pack for skiing.
* A Bible (not an electronic one but an actual PAPER Bible)
* Pen, pencil, journal, etc.

**What Not To Bring**

* Alcohol, tobacco, drugs (if there are any prescriptions medications that need to be administered, please let Deandre know).
* Knifes, Guns, weapons of any sort.
* Anything inappropriate for a church retreat.

### Participant Name: Birth date: \_\_\_\_\_\_\_\_\_\_\_\_

I give permission for my child to attend the Annual Winter Retreat to Pigeon forge and the events listed below, which I have also received a copy of address, contact information .

### Medical Release to Grant Consent

I hereby request and authorize Community in Christ Lutheran Church, youth leaders and/agents, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**

**Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date**

### Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

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**Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date**

**Release of Activity Liability Statement**

I hereby release Deandre Dukes, youth group, and Community in Christ Lutheran Church from the responsibility of any liability involving injury or accident to my child participating in the activity listed above on the given date listed. I, as the parent or guardian of the participant listed above, will accept full responsibility for my child’s actions.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ -------------------------------------------- \_\_\_\_\_\_**

**Signature of Parent or Legal Guardian Printed name of Parent or Guardian Date**

## HEALTH CARE INFORMATION

### Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Emergency Contact Information:

### Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_

### Other Emergency Contact:

### Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_

### Insurance Information:

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy/Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facts concerning the child’s medical history including: allergies, medications being taken, and any physical impairments that might affect the overnight:

Important Addresses:

Lodging: Address: 2806 Ridge Creek Circle, Sevierville, TN 37876, United States

MAGIQUEST- 2491 Parkway, Pigeon Forge, TN 37863

Ober Gatlinburg, Inc.- 1001 Parkway, Suite 2 Gatlinburg, TN 37738

Murder Mystery Pigeon Forge -2682 Teaster Ln. Pigeon Forge, TN. 37863

866-624-7185

**Important Contacts:**

Deandre Dukes- 706-491-9117

Debbie Davidson- 704-651-6123

Church Office: 704-892-0120

 

 