

spiritual Life retreat '07

permission form

Church _____

Participant Name _____

Address _____

City, State, Zip _____

Email _____ Grade _____

It's ok for my child to attend Spiritual Life Retreat 2007 at Camp Glisson and all the activities that it involves. I also authorize the representatives of the North GA conference and the church listed above to seek medical treatment for my child should it be necessary. I agree to be solely responsible for the total costs of all medical care on behalf of my child. I release the representatives of the North GA Conference from any and all liability in connection with my child's participation in the retreat activities. I also agree to come and pick up my child if they fail to follow the covenant and rules of the camp. I also allow pictures to be taken of my child for the purpose of publicity.

Signature _____ Date _____

YOUTH COVENANT

Along with the leaders and other youth, I agree to act in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I agree to participate in all the activities at Spiritual Life Retreat 2007. By signing this covenant, I understand that I might be sent home if I do any of the following activities: possess illegal drugs, non-prescribed medication, alcohol or tobacco products, a weapon, or fireworks, disrespect authority, or take part in any other activity or action that adult leaders deem as inappropriate. I promise to strive to make this retreat and each activity the best it can be!

Signature _____ Date _____