

**Permission Form**

The Lakewood Youth Winter Retreat is set for February 1-3. As a participant of the trip, I understand that no alcohol, tobacco, or weapons are allowed. I understand that I must obey the adults, respecting them, and everyone else on the trip. I understand that I will participate actively in the trip, and not complain. I understand that my actions have consequences and that if I disobey any rules that are made for the retreat that I may be sent home immediately at my expense.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**\*\*\*T-shirt size**      **S** \_\_\_      **M** \_\_\_      **L** \_\_\_      **XL** \_\_\_      **XXL** \_\_\_

**Medical Release/Hold Harmless/Registration Form For Lakewood UMC**

\_\_\_ Youth Member    \_\_\_ Friend of Youth Member    \_\_\_\_\_ Friend's name

Youth Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Youth Lives with: Mother \_\_\_ Father \_\_\_ Both \_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Cell or Pager: \_\_\_\_\_ Father's Cell or Pager: \_\_\_\_\_

Youth e-mail \_\_\_\_\_ Parent's e-mail \_\_\_\_\_

Please List any previous illnesses, injuries, or special needs of which the staff should be aware:

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

Allergies requiring special attention: \_\_\_\_\_

All Medications presently taken: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Date of last Tetanus shot: \_\_\_\_\_

Phone: \_\_\_\_\_ Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Insurance Address: \_\_\_\_\_

Phone: \_\_\_\_\_ S/S # \_\_\_\_\_ Policy Holder S/S # \_\_\_\_\_

I knowingly release, absolve, indemnify, and hold harmless Lakewood United Methodist Church, its Members, Trustees, Committees, and Staff, as well as the organizers, sponsors, workers, and all others acting on behalf of Lakewood UMC or its programs and activities, from all claims that might result from any accident, personal injury, illness and/or death to the youth named above, whether or not the accident, personal injury, illness, or death arises from the sole and/or contributory negligence of any person or entity released herein.

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize Lakewood UMC's staff members or authorized counselors to obtain emergency medical treatment in case of illness or injury to the youth named above.

Signature \_\_\_\_\_

**Coffeehouse Sign-up**

If you plan on participating as an individual or with a group, you must put on the line below what you plan to do, and who, if anyone, will be participating with you.

\_\_\_\_\_