

CHILDRENS WORSHIP RETREAT

February 24-25, 2012 Mt Lebanon

Name _____ Sex _____ Grade _____ T shirt size _____

Address _____

City _____ Zip _____

Church you are attending retreat with _____ THE HEIGHTS BAPTIST CHURCH _____

Are you a Christian? _____ Church member? _____

I promise to obey the rules and regulations of Mt. Lebanon Encampment and will cooperate with the leaders and choir members.

Choir Member's Signature _____

As a parent I would be interested in going to the Retreat!

Name _____ Daytime Phone _____

Medical Permission Form

Date of last tetanus shot _____

List of allergies _____

Family Physician _____ Phone _____

In consideration for your agreeing to accept the above named individual, I hereby give my authority and consent to medical and surgical treatment, as may be needed in the judgment of the treating physician, for my child by a physician chosen by the choir Director or an employee working under him. I understand there are no medical personnel available at Mt. Lebanon during the retreat season.

Parent's Signature _____

Home Phone _____ Cell Phone _____

Other person to notify in case of emergency:

Name _____ Phone _____

Please return this form and \$32 to Angela Irby by Febraury 15.
(\$32 Fee includes lodging, two meals, snacks and T-Shirt, if shirt ordered by given deadline)