



# REGISTRATION, PERMISSION and MEDICAL RELEASE FORM

(for ages 13-17 | Must be completed by parent or legal guardian)

Participant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby grant permission for my child to participate in the Girls Retreat at New Covenant Fellowship. I understand that my child participates in these activities at her own risk and that New Covenant Fellowship and its adult supervisors are not liable for any injury, personal or otherwise, to my child or caused by my child. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will come and pick up my child.

(INITIALS \_\_\_\_\_)

I understand that New Covenant Fellowship and Girls Retreat uses photographs and video images of events in their publicity materials such as the church website, Facebook page, and newsletters, and I hereby grant permission for photo/video images of my child to be taken and used for such purposes. (INITIALS \_\_\_\_\_)

I authorize the treatment of the minor listed above in the event of any medical emergency. I am responsible for any medical expenses.

(INITIALS \_\_\_\_\_)

I grant permission to the adults helping with the retreat to drive my child to and from retreat related activities (INITIALS \_\_\_\_\_)

I grant permission for my daughter to receive medication such as Tylenol, Motrin and/or Benadryl as needed during the retreat

(INITIALS \_\_\_\_\_)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or legal guardian)

Emergency Contact & Phone \_\_\_\_\_

Please list any allergies, food restrictions, physical limitations, and/or prescription medications \_\_\_\_\_

Please list any medical or psychological issues that we should be made aware: \_\_\_\_\_

Please indicate who is authorized to pick your daughter up from the retreat (you may list multiple people): \_\_\_\_\_

Please make check payable to Barb Wine and send along with your form to: Jessica Moss - 662 Citizens Rd. Crewe, VA 2930. If you have any questions email us at [nCFGIRLSRETREAT@gmail.com](mailto:nCFGIRLSRETREAT@gmail.com)