

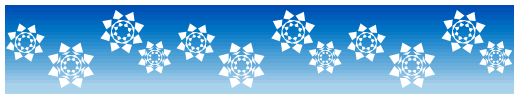


*You are cordially invited to
Winter Retreat 2011
 January 14-17, 2011*

At Hartman Center, Milroy, PA

*Please RSVP by Dec 19 at the
 Road Rally*

Please bring a snack to share with everyone and \$30 (\$20 for siblings). All youth should bring clothing for a "formal dinner" to be held Saturday night at the Retreat Center. The bus will leave at 6 p.m. on Friday, January 14 and return to the Wreck Room by 2 p.m. on Monday, January 17. If you have any questions, please contact Danny at (717) 645-4437.



PERMISSION SLIP

I Give my permission for

To attend the Winter Retreat, January 14-17, 2011 and to participate in all activities sponsored by Juniata Area Group Ministries on these dates.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the _____ known here on out as the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense

should they become ill or if deemed necessary by the student ministries staff member.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event. I also permit use of video and photo of my child to be used for promotional purposes of Juniata Area Group Ministries.*

Parent/guardian signature:

Date: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Home Phone: _____

Work Phone: _____

Cell/Pager: _____

Medical Insurance Company:

Policy #

TShirt Size (Adult Only): _____

****Please list any allergies or medications currently in use on the reverse side of this form.**