

**LIFE TEEN RETREAT – spring 2019**  
**Host national speaker and worship leader**  
**Andrew Laubacher (ALOB)**

**PERMISSION SLIP**

I, \_\_\_\_\_ (parent / guardian), give my permission for my son / daughter \_\_\_\_\_ to attend the fall Life Teen retreat at Hemlocks from April 5<sup>th</sup> – April 6<sup>th</sup> . I recognize, acknowledge and agree that neither the Saint Andrew Youth Group, the Church of Saint Andrew, the Diocese of Norwich, nor any chaperones shall be liable for any personal injury or property damage suffered by my child during this event, or in the transportation to and from this event, regardless of how such injury or damage is caused. I further agree for myself and my child to forbear from bringing any such claims that might arise.

I understand that they must dropped off at the Hemlocks at 5:30 PM on Friday, and I agree to pick them up at the Hemlocks at 9:45 PM on Saturday. All Life teen retreatants will be asked to help clean up at the end of the retreat

**Please remember to bring a snack & drink to share**

Parent / guardian’s signature \_\_\_\_\_ date \_\_\_\_\_

Parent’s cell phone # \_\_\_\_\_

Emergency contact name and number \_\_\_\_\_

In addition, I authorize the adult leaders of this event to obtain any medical attention that may be necessary in my absence.

Parent / guardian’s signature \_\_\_\_\_ date \_\_\_\_\_

Medical insurance company \_\_\_\_\_

Insurance policy number \_\_\_\_\_

Please provide any health information that we may need such as allergies etc.

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