

Faith Lutheran Youth
2024 Jr. FLY Fall Retreat Permission Form

Youth Name: _____

Date of Birth: ___/___/___ Email Address: _____

Address: _____

Allergies/Health Concerns: _____

Father's Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Mother's Name: _____

Work Phone: _____

Home Phone: _____

Cell Phone: _____

Please check all that apply:

- I give my permission for the child named above to participate and travel with an adult driver from Sept. 27, 2024 to Sept. 29, 2024 for the purpose of a weekend retreat at Camp Stella Maris Retreat Center (address: 4395 E Lake Rd, Livonia, NY 14487; phone: 585-346-2243).
- I further grant permission for a licensed physician, chosen by a Faith Lutheran Church Adult Advisor, to perform emergency medical treatment, including x-ray, the prescription of drugs, or surgery for my child. I will assume liability for any resulting expense not covered by church insurance. I understand that every effort will be made to contact me regarding any of the above procedures.

Parent Signature (If under 18)

___/___/___
Date

Alternate Emergency Contact

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Insurance Information

Name of Insurance Company: _____

Address: _____

Name of Insured: _____ Policy Number: _____