



Cost: \$150.
No refunds given
NO CELL PHONES

2015 High School SpringHill Winter Retreat January 2-4, 2015

PARENT EMAIL ADDRESS _____

(please print legibly)

Dear Parent or Guardian,

When your son or daughter is to be involved in an activity off church property, we want you to be informed about the activity, the time schedule, the location and the additional cost, if required. If you have questions, please call Chris Thomas at 809-679-1074 or the church @ 453-6464. Your signature on this form confirms to us that you are aware of the activity and have given your permission for _____ to participate.

In addition, your signature tells us that you understand that First Presbyterian Church of Plymouth will not be held liable for any accident or injury incurred during the activity. All reasonable care and responsibility will be taken to assure the comfort and safety of the individual.

Finally, your signature gives permission to the supervisor of the group to obtain necessary emergency care if an accident or injury occurs and the emergency contact person is unavailable, or time is of the essence.

SIGNED _____ DATE _____
(Parent or Guardian)

ACTIVITY SpringHill Winter Retreat 2015 DATE January 2-4, 2015

LOCATION Evert, MI Departing Time 3:00 PM, January 2

COST \$150 Returning Time 4:00 PM, January 4

EMERGENCY CONTACT _____ PHONE _____

DOCTOR _____ PHONE _____

INSURANCE CARRIER _____

INSURANCE CONTRACT NUMBER _____

COMMENTS (allergies, etc.) _____
