

Mar-Lu-Ridge Retreat Permission Slip

Name: _____ Age: _____

Phone number(s) where parent can be reached during the activity: _____

Emergency Contact: _____

I give permission for my child to participate in the middle school activity sponsored by **Holy Trinity Lutheran Church** on **Friday-Saturday, November 18-19, 2011**. During this activity youth will be traveling to the **Mar-Lu-Ridge Retreat Center in Jefferson, MD**. I realize that transportation for this event will be provided by adult sponsors in private vehicles. I have included a phone number where I can be reached during this activity. In the event that I cannot be reached, I give my permission for the adult leaders to seek emergency medical treatment if deemed necessary for the well-being of my child. (If there are medical concerns of which we should be aware, please use the back of this form to explain.)

Parent Signature: _____ Date: _____

As a participant in this activity, I agree to follow the rules established by the adult leaders and to cooperate in every way possible.

Participant Signature: _____ Date: _____

_____ Attached please find the fee of \$80 (Check can be written to HTLC)

_____ I am interested in being a chaperone for this retreat