



High School Winter Ski Retreat PARENTAL PERMISSION FORM

Student Name: _____ Student Cell #: _____

Grade in School: _____ Age: _____

It is my desire to have the above named child participate in the High School Winter Ski Retreat trip to Rainbow Trail Lutheran Camp in Hill Side Colorado. Bethlehem Lutheran Church ELCA, **has an active Medical Release Authorization** for my child, which I understand to be effective for the duration of this trip. This Parental Permission Form shall be active February 18th through February 20th, 2012.

In consideration of the fact that Bethlehem Lutheran Church is a religious institution in which membership is voluntary, and having full confidence that every precaution will be taken to insure the safety and well being of my son/daughter during this activity, I hereby waive all claims against the leaders of this activity and the officers, agents and representatives of Bethlehem Lutheran Church.

I also certify that my son/daughter is in good health and may participate in all normal activities of the group, except for those listed below. In case of sickness or accident, I give my permission for medical care and medications to be administered, as deemed necessary by a qualified physician. My son/daughter has the following allergies, medical conditions, and or physical limitations (include all drug allergies).

Parent/Guardian – Please print

Signature

Date

Emergency Contact (if we can't reach a parent):

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Registration Fee: (\$75) _____ Paid _____ Check Number: _____

Registration and Payment is Due by February 1, 2012