

# Fall Retreat 2010

**\*\*\*Fun & Service\*\*\***

**Who:** All St. Andrew's Youth and their friends  
**When:** October 29<sup>th</sup> through October 31<sup>st</sup>  
**Where:** Camp For All (CFA), Brenham, TX  
**What:** Service at CFA and other fun stuff.  
**Cost:** \$100

**\*\*\* E-mail [chris@matlocktx.com](mailto:chris@matlocktx.com) to RSVP or for questions. \*\*\***

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## Fall Retreat Permission Slip

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Parent Phone Contact #1 \_\_\_\_\_ Parent email \_\_\_\_\_  
Parent Phone Contact #2 \_\_\_\_\_ Medical Need: Y or N  
Medical Needs Details:  
Names, relationships, and cell number of person to call in emergency (please list two)  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for my youth, \_\_\_\_\_, to travel to and participate in the following activity: **Fall Youth Retreat 2010**. We will leave St Andrew's PC on Friday, October 29<sup>th</sup> at 6:30pm and return on Sunday, October 31<sup>st</sup> at approximately 1:30pm.

I understand that my youth will be transported to and from this activity by vehicles operated by individuals who are willing to support our youth program. I understand that only general adult supervision of the youth can be given; any special needs need to be communicated prior to departure. I hereby agree to release, indemnify, defend and hold harmless St. Andrew's Presbyterian Church, its' volunteers, and staff from any and all liability, actions, claims and demands of every kind and nature whatsoever which may arise from or as a result of my youth's participation this youth activity, including, but not limited to, transportation to and from the site.

In the event emergency medical or dental treatment for my youth is deemed necessary by a physician or dentist and neither parent can be contacted immediately, I hereby consent to any physician, dentist or medical facility to implement such treatment as may, in their opinion, be necessary to preserve the life, limb or well-being of my youth. I agree to assume all financial responsibility of said treatment. Please indicate any medical history you feel necessary for emergency purposes on the back side of this form.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Deadline for Permission Slip: October 24<sup>th</sup> 2010**  
**Return (with check) to Liz McGuffee's Elder Box at Church**