

SMLC Genesis Family Winter Retreat for: K-6th Grade

February 28th - March 1st, 2020

\$95.00 Per Person

**One Parent Per Family Required To Attend Retreat
(Includes Transportation, Lodging, Meals & Sledding)**

Register by December 29th, 2019



READY FOR SLEDDING IN TAHOE?

**This Years Theme:
Grace Up & Down The Family Tree**



OFFICE OF YOUTH & CHILDREN'S MINISTRY
1600 UNION AVE – FAIRFIELD, CA 94533
TELEPHONE: (707) 422-4741
A CONGREGATION OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA

Out of Town and/or Overnight Permission & Medical Authorization

Dear Parent/Guardian:

Please complete and return this form to St. Mark's Lutheran Church office or designated person listed below. Your child will not be allowed to participate in this special activity unless this form is completed and returned to Ron Armenta by December 29th, 2019
(Name of Trip Leader) (date)

My child _____ has my permission to participate in the following voluntary activity or excursion (and the event-related transportation as applicable):

Place: SMLC Youth Ministries Winter Retreat in Lake Tahoe (K-6th Grade)

Date: February 28th - March 1st 2020 Departure Time: 4:30 pm Return Time: 6:30 pm

Mode of transportation: Passenger Vehicles

Other trip information: Trip will include winter outdoor activities such as sledding.

I fully understand that participants are to abide by all rules and regulations governing conduct during the event. Any violation of the rules and regulations may result in that individual being sent home at the parent's/guardian's expense. I fully understand that I hold St. Mark's Lutheran Church, its officers, employees and agents and the Evangelical Lutheran Church in America, harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity to the extent permitted by law. Rules are specific to each event/activity and are sent in the information packet.

Name of Adult Attending Retreat

Willing to Drive (Circle One): Y N

Signature of Adult Attending Retreat



AUTHORIZATION FOR MEDICAL TREATMENT

In case my child becomes ill or is injured, I hereby authorize the medical treatment of my child (name listed above).

Parent/Guardian Contact information:

Phone: (Work) _____ (Home) _____ (Cell) _____

Alternative Contact information:

Child's Physician: _____ Phone: _____

Family Medical Insurance Provider: _____

Policy or Identification Number: _____

Important Health information (please list allergies, allergic reactions, medications, illnesses and conditions: _____

All medication must be in original containers and, except those which must be kept on the child's body (such as an insulin pump), must be kept and distributed by staff. If any medication is to be taken by child, please note here: _____

[] Check here if there are no special medical problems that the staff should be aware of regarding the child's participation in St. Mark's events and activities.

Parent/Guardian Signature

Date

Publicity Release and Consent

Staff and adult volunteers at St. Mark's Lutheran Church often take photographs or make video or sound recordings of children and adults involved in church activities. It is our practice never to publish names with images of minors.

I *consent* to the use of any such audio or visual record of the child named above or me, if I am participating, to be used by agents of the church for church publications or on the church website or social networking sites. ____ Initial.

I *do not consent* to the use of any audio or visual record of my child. ____ Initial.