

# AYF FALL RETREAT 2009" Release/Medical Form

## AYF & State College CMA's Commitment to parents:

- Adult supervision by approved volunteers will be given to your students throughout the retreat by having regular meeting time/check points that students must report.

In the event of your teenager needing any kind of medical attention, proper care will be administered to your teen and you will be contacted as soon as possible.

I hereby consent to let my child, \_\_\_\_\_,  
*Student Name*

participate in the following event: **AYF Spiritual Formation Retreat @ Keuka Lake**

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of accident or sickness,

State College C&MA, AYF &  
*Church/Organization Name*

its staff and its volunteers are hereby released from any liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Medical Information:

\_\_\_\_\_  
MEDICAL INSURANCE POLICY NUMBER

\_\_\_\_\_  
INSURANCE COMPANY

\_\_\_\_\_  
GROUP # (IF APPLICABLE)