

**2019 YOUTH FALL RETREAT
PERMISSION/REGISTRATION FORM**

*North Harford Baptist Church
Jarrettsville, MD 21084 (410) 836-6994
Location: Black Rock Retreat, 1345 Kirkwood Pike,
Quarryville, PA 17566, (717) 529-3232*

I give my permission to North Harford Baptist Church and its representatives to transport _____ to the activity noted above and for him or her to participate in this retreat on the given dates. In case of medical emergency throughout the course of the activity, I understand that every effort will be made to contact the parents or guardians. In the event that I cannot be reached, I hereby give permission to the church's representatives and any necessary medical personnel to secure proper treatment for my child as named above.

Please Read: My child agrees to abide by all rules as set forth by North Harford Baptist Church and Black Rock Retreat. There is an **up-to-date Emergency Information Card on file** at the church with information pertaining to the above-mentioned youth. (Contact us if you need to fill out a card.)

Parent's Signature: _____

Printed Name: _____

Phone: _____

Email: _____

Date: _____

(Youth Info)
Name: _____

Age: _____ Grade: _____ T-shirt Size: _____

Address: _____

City: _____ State: _____ Zip: _____

I accept the cell phone policy. Yes No
My child will have one with him or her. Yes No

_____ (initial)

Food Allergies: _____

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