

WINTER BLAST

December 28-30, 2023

Permission/Medical Form

DEADLINE: Your \$50 deposit is due with this form by November 29th, 2023.

Make Checks Payable To: Evangelical Free Church

Name _____ Phone _____

Address _____ City _____ State _____

Age _____ Year in School _____ Male _____ Female _____

Pick a Package: _____ Package A, Kalahari Indoor Water Park \$ 175

_____ Package B, Downhill Skiing/Snowboarding \$ 225

MEDICAL RELEASE FORM

Parent/Guardian _____

Phone _____ Cell Phone _____

Insurance Company _____ Policy # _____

Allergies _____

Other Medical Info. _____

Should emergency medical treatment be needed I authorize the retreat leaders to act on my behalf and approve appropriate treatment. Please notify me immediately concerning any such emergency.

Signature _____ Date _____