

# SNOW BLAST

January 12-14th, 2024

*Permission/Medical Form*

**DEADLINE:** Your \$25 deposit is due with this form by December 7th, 2023.

*Make Checks Payable To:*

*Evangelical Free Church, 1300 E. Chestnut St. Canton, IL 61520*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Age \_\_\_\_\_ Grade in School \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Pick a Package: \_\_\_\_\_ Package A, Tubing & Activity Center \$120

\_\_\_\_\_ Package B, Downhill Skiing at Swiss Valley Ski \$180

## 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 \_\_\_\_\_