



42828 Albrae Street, Fremont, CA 94538

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www.arisechurch.us

Arise Church 2022 Youth Retreat Permission Slip

As the parent or legal guardian, I, _____ hereby give my permission for youth _____ to participate in the Arise Church Youth Retreat with Arise Church.

Date: 1/7/2022 - 1/9/2022(Friday - Sunday)

Time: 5:00pm Friday - 10:00am Sunday

Retreat Location: Extended Stay America San Jose
330 Cypress Dr., Milpitas, CA 95035

Cost: \$150 per youth

* **EARLY BIRD discount - \$20 OFF** when register and paid by Dec 15th

* **COVID Vaccination - all youths must be fully vaccinated 2 weeks before the retreat**

Items to bring: Hygiene/Toiletry, a few sets of clothing, night gown, sleeping bag.

I understand that all responsible caution will be taken by those persons in charge to prevent injuries. Neither the advisory nor Arise Church will be held responsible in case of an accident. I agree to accept all responsibility in case of an accident and I waive any claims of personal injury and release Arise Church (church, staffs and volunteers) from any liability of the event.

Should an accident occur, I will be expected to cover all medical expenses incurred. Every effort will be made to contact me before seeking medical treatment. EMERGENCY MEDICAL AUTHORIZATION: to expedite medical care in case of emergency and I cannot be reached, I give my permission to Arise Church (church, staffs and volunteer leaders) to authorize medical or surgical treatment if necessary and advisable by the medical attendant.

Emergency Contact

Name _____ Phone # _____ Relationship _____

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Medical Health Insurance: Yes/ No Insurance Carrier _____

Signed: _____ (Parent or Guardian)

Printed Name: _____ (Parent or Guardian) **Date:** _____

Please list any food allergic and/or any request that may be necessary for proper care of the youth.
_____ (examples: Allergies diabetic conditions or any medication that must be taken)