

**PERMISSION FORM – SINGLE EVENT: ‘OVERFLOW’**  
**For participation regarding Retreat ‘09**

*Please keep this portion for your records*

**Event:** TBDY/ADYU RETREAT -- ‘OVERFLOW’  
**Location:** CAMP GITCHIGOMME, Thunder Bay Deanery, Sandstone Lake  
**Date:** May 15 –18, 2008                      Cost: \$75  
**Trip Organizer** (*Name and Contact #*): Jen Snowden 627-2527  
#108-630 Sherrington Dr  
Thunder Bay ON              P7B 6A3

**Time and Place of Departure:**

Parents responsibility to arrange transportation

**Time and Place of Return:**

Parents responsibility to arrange transportation

**Drop off:** Friday May 15/08 7pm

**Pick up:** Monday May 18 at noon

**Accommodation Details:** Dinning Hall, Chapel, Sleeping Cabins,

**Packing List:** See attached

**Other Details:** Please submit registration form to your Deanery Youth Coordinator by May 9/09.

-----  
**PERMISSION FORM – one event only**

*Please complete this portion and give it to the trip organizer*

Name of Participant: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Phone Numbers: (*home*) \_\_\_\_\_ (*work*) \_\_\_\_\_  
Alternate Emergency Contact Name: \_\_\_\_\_  
Phone Number: (*home*) \_\_\_\_\_ (*work*) \_\_\_\_\_

**Consent of Parent/Guardian:**

I give permission for (*name of child/youth*) \_\_\_\_\_ to participate  
in (*event*) \_\_\_\_\_ on (*date*) \_\_\_\_\_.

I give permission for photos/videos of these events to be used for promotional purposes:  
Y\_\_/N\_\_

I have read and understand the information provided on this form, and the information that I have provided is correct to the best of my knowledge. I understand that there is a degree of risk involved in all activities, and I assume all risk and liability on behalf of my child/ward. In the event of an emergency that requires parental/guardian permission for medical treatment, if myself or my emergency alternate listed above cannot be contacted, I authorize the trip organizer to act on my behalf.

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