

Form and Amount Due January 31

ATF
-PRESENTS-

Winter EXTREME 2010

Student Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Name of Parent or Guardian _____ Parent/Guardian e-mail: _____

Parent Home Phone# _____ Parent Cell Phone# _____

Emergency Contact(s) _____ Phone #: _____

Form due date: January 31, 2010

Event: WinterExtreme

Event Description: Winter Retreat at Camp Timber-Lee

Event Date: February 12-14, 2010

Drop Off time/location: 6:00pm/Joy!, Feb. 12

Pick Up time/location: 1:00pm/Joy!, Feb. 14

Cost: \$134.00 (checks made out to Joy!) ****Include with forms in sealed envelope***

Extra Costs to consider: Snack Bar at camp, \$14 horseback riding, \$1-5 leathershop

Insurance Information

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM

Company _____ Policy # _____

I _____ (name of Parent or Guardian) give permission for my child to take part fully in:

I understand that every effort will be made to protect and safeguard my child. Therefore, I agree not to hold Joy! Lutheran Church liable for any illness or injury which my child may sustain. I also, do hereby, give permission for a physician selected by Joy! Lutheran Church and its leaders to provide any treatment and/or procedure deemed necessary for my child in the case of a medical and/or surgical emergency. I understand I will be notified of such an emergency as soon as possible.

Any special needs/allergies/medications? If so, please list here...you can use the back, too.

Signature
of Parent or Guardian: _____ **Date** _____