

YOUTH COMMUNITY WINTER RETREAT
TOWER HILL CAMP
SAWYER, MICHIGAN
JANUARY 25-27, 2008
First Church of Lombard
United Church of Christ

Registration and Release

Name of Participant _____

Address _____ E-Mail _____

Telephone _____ Cost to Participant \$95

The undersigned parent/guardian of the participant named above gives permission for that participant to travel to **the Youth Community Winter Retreat on Friday, January 25, 2008 through Sunday, January 27, 2008**, and assumes all responsibility for any injuries to that participant and any loss or damage of property that may occur. The undersigned also indemnifies and holds harmless First Church of Lombard, United Church of Christ, Tower Hill Camp and Retreat Center, the Illinois Conference of the United Church of Christ, the United Church of Christ, and any and all leaders supervising such activity, against any and all direct or indirect claims and damages whatsoever in connection with this outing. Further, the undersigned grants permission to **Robert Hatfield and/or the staff of Tower Hill Camp and Retreat Center** to obtain any needed medical treatment for this participant.

Parent/Guardian Signature _____ Date _____

Dr. Name _____ Dr. Phone Number _____

Known allergies _____ Diet restrictions _____

Insurance Information:

Name of covered client: _____ Insurance Company _____

Insurance Policy Number: _____ Verification Phone #: _____