



Mission Retreat: Spring 2009
May 15-17

Life in The Spirit

Encountering the Power of
The Holy Spirit, Today

YMCA Storer Camp—7260 S. Stony Lake Road Jackson, MI

Cost: \$60 (Payable to The Word of God)

We will leave from The Word of God Office located at 230 Collingwood, Ann Arbor MI at 6 pm on Friday, 5/15/2009 and return to the same place by 2 pm on Sunday, 5/17/2009.

Transportation will not be provided so youth will carpool with other youth or parents can supply rides. Maps will be available.

MissionChrist Spring Retreat

REGISTRATION & PARENTAL CONSENT FORM

Event Mission Christ Spring Retreat

Event Date 5/15/09 6pm to 5/17/09 2pm

Location: YMCA Storer Camp—7260 S. Stony Lake Road Jackson MI

Name of Participant _____ Age _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

The undersigned does hereby give permission for our (my) child, _____ (Name of child) to attend and participate in the above activity sponsored by **MissionChrist/The Word of God**.

We/I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **MissionChrist/The Word of God**.

Parent Signature _____ **Date** _____ **Emergency Phone** _____

Parent Signature _____ **Date** _____ **Emergency Phone** _____

Legal Guardian _____ **Date** _____ **Emergency Phone** _____

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.

Return this form with registration fee of \$60 to The Word of God Office by 5/8/2009