



2018 Core Retreat  
Permission & Waiver Release  
August 10-11, 2018

This registration must be signed by a parent or guardian and presented when your student registers. If you have any questions, please contact our office at 317.925.2828 or email [jblack@ciyfc.org](mailto:jblack@ciyfc.org).

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Parent Email: \_\_\_\_\_

As the parent/legal guardian of, \_\_\_\_\_, I give my permission for my son/daughter to participate in the Campus Life Core Retreat on August 10-11, 2018. In the event of an emergency where medical treatment is required, I give permission to the Campus Life/YFC staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately.

In consideration of the minor's participation in the YFC event, I (we) agree to release, indemnify and hold harmless Youth for Christ/Campus Life, its employees and agents, contracted or otherwise, from any liability, diseases, or damages resulting from said participation.

I give permission for any pictures involving my child (name) \_\_\_\_\_, taken at Campus Life for possible use on the YFC/CL website and/or other promotional publications.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)

During this activity, I can be reached at:  
**(please print clearly)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact if I cannot be reached:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***Insurance Information***

Carrier or Plan Name: \_\_\_\_\_ Carrier Phone #: \_\_\_\_\_

Group Policy Number: \_\_\_\_\_ Policy holder ID #: \_\_\_\_\_

**\*\*\*If you have any questions or concerns during the retreat, please contact Dan Hillen, [dhillen@ciyfc.org](mailto:dhillen@ciyfc.org), 317.518.3429**