



**DEPART** from Westerville Christian Church Friday, March 9, 2012 @ 4 PM  
**RETURN** to WCC Sunday, March 11, 2012 @ 4:30 PM

**Registration/Permission Form for RLCC Sr High Retreat**

My son/daughter (**circle one**) \_\_\_\_\_ (print clearly) **Grade:** \_\_\_\_\_

A guest of (if applicable) \_\_\_\_\_, has my permission to attend the above mentioned activity. I understand every precaution will be taken for his/her health and safety. However, I assume responsibility in case of illness or accident and agree to hold Westerville Christian Church harmless. By signing below, I also authorize Westerville Christian Church and it's agents to seek medical services for my child/children on my behalf.

\_\_\_\_\_  
Parent/Guardian Name (PRINT first and last name)      Parent/Guardian Signature      Date

(\_\_\_\_) \_\_\_\_\_

Home Phone Number

(\_\_\_\_) \_\_\_\_\_

Cell Phone Number

\_\_\_\_\_  
Address      City      State      Zip

Is any medication currently being taken? **Yes No** If so, what, how much, how often, and why?  
\_\_\_\_\_  
\_\_\_\_\_

I have filled out a church medical release for the 2012 year. **Yes No**

**PERMISSION FORM AND \$70 REGISTRATION FEE NO LATER THAN FEBRUARY 19, 2012**