

MEDICAL AND LIABILITY RELEASE FORM

The Church of God- International Youth Camp 2011

P.O. Box 472 Sparr, Florida 32192

Bishop Patrick Combs / Deaconess Kimberley Combs /352-368-7860/ email: kcombs511@embarqmail.com

*Please send with your child all necessary medications or other special items they require.

Ages to attend Youth Camp are 7-17 unless accompanied by parent/guardian 19 and older. Ages 2 and under are free(without t-shirts), ages 3 and up are \$175.

**Please attach a copy of your Health Insurance information, if your child is insured.*

Date	December 25-31 2011	Location:	Camp Sozo-Ocala, Florida
Allergies:			
Medications:			
Health problems:			
Notes	If there are any special dietary needs or private bed time requirements please list them below.		

**Please return this permission slip by:
November 7-11, 2011**

Fax: 352-622-4850 or mail P.O. Box 472 Sparr, Florida 32192

I give permission for my child _____
to attend the field trip to Hollywood Studios- Orlando, Florida on December 29,2011
from 7:00 am to 9:00pm (not including travel times to and from park)

Enclosed is the deposit of: \$100.00 to cover the cost of the trip. (Exact cash or check made payable to The Church of God)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

**By signing this form you release the International Youth Camp and facility from any and all liabilities.*