

# 2010 Cherry Glade Mennonite Youth Group at Camp Peniel

## Permission/Medical Form

Name of Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I give permission for my above named child to join **Cherry Glade Mennonite Youth Group** of *Cherry Glade Mennonite Church* (4051 Accident-Bittinger Road, Accident, Maryland 21520) on the **Youth Camp at Camp Peniel** at 294 Peniel Lane, Meyersdale, Pennsylvania 15552 on **May 22 – 24, 2009**.

I understand that the participants will be responsible for making their own travel arrangements.

I hereby release *Cherry Glade Mennonite Church*, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Name of Natural Parent/Legal Guardian: \_\_\_\_\_

Signature of Natural Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Cell or Alt. #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_

Member's Name: \_\_\_\_\_