



ROCK Ministries:
MAMMOTH
HIGH SCHOOL WINTER RETREAT
February 17-20, 2012

Student's Name: _____ Date of Birth: _____ Male/ Female

Grade in Fall: _____ School in Fall: _____

Student Home#: _____ Student Cell #: _____

Parents/Guardians Name(s): _____

Parent Contact Cell #: _____

Home Address: _____

City: _____ Zip Code: _____

I, the parent / Guardian of _____, a minor, give my permission for him/her to travel to Mammoth Mountain and to participate in the activities of R.O.C.K. Ministries (Mount of Olives Lutheran Church).

I also authorize the adults acting as agents of said churches to use their own initiative and discretion in the case of illness or accident involving the person named on this form. If necessary because of illness or accident, the agents of R.O.C.K. Ministries (Mount of Olives Lutheran Church) may authorize medical treatment, dental treatment, and/or hospital care.

By this authorization, I am providing my consent in advance for any treatment that is necessary in such cases of illness or accident.

This authorization will remain effective while minor listed on this form is involved or participating in the activities of The R.O.C.K. Mammoth Winter Camp winter camp. It shall be effective from February 17-20, 2012, unless it is revoked in writing by the undersigned and delivered to said church.

Parent / Guardians Signature: _____ Date: _____

Emergency Contact: (Name & Phone #): _____

Medical Insurance Carrier: _____

Phone #: _____ Policy or I.D.#: _____

Doctor's name: _____ Doctors Phone #: _____

Any Allergies: _____ Date of last Tetanus: _____

Comments / Special medical instructions: _____