

Springvale Sr. High Fall Retreat PARENTAL PERMISSION FORM

I/we agree to allow _____ to go with Springvale Student Ministries to “The Ontario Camp for the Deaf”, September 25th-27th, 2009.

I/we agree to give permission to the leaders to make any necessary decisions regarding the health and welfare of my son or daughter while in their care. The leader will notify me at any time during the trip regarding any problem involving my son or daughter.

Parent/Guardian Signature

Print Name

Student Signature

Print Name

Health Card Number:

Allergies:

Home Phone Number:

Emergency Phone Number:

Doctor's Name & Phone Number:

Medications:

Other Concerns:

Important Please keep this portion for your information

- **Please make cheques payable to Springvale Baptist Church**
- **Cost is \$90.00 each. \$80 if paid on or before Sept. 13**
- **Cost is \$80 each for 2 or more students from the same family.**

- **EMERGENCY CONTACT** for the weekend is
Alex Street (647) 405-2421

- **Drop off at Springvale 5:00pm Fri. Sept. 25th. Pick up at Springvale 4:00pm Sun. Sept. 27th**

- **www.springvaleyouth.com for more info on the retreat and Springvale Youth**
- **www.bobrumball.org/OCD/ocd.html for more info on the site**
- **Questions? Talk to Alex Street (905) 887-5651 ex.22
alex@springvale.org
or Ben Bartosik ex. 33 ben@springvale.org**