

Date Received _____

Holy Spirit FLIGHT Teens
Jake's Unlimited
August 12th 2019 6-10pm
Deposit of \$ 10.00 along with signed Permission Slip due on: 8-1-2019

Full Name _____

Nick Name _____ Age _____ Birthday _____

Address _____ City _____ Zip _____

Grade _____ E-mail Address _____

Home Phone _____ Cell phone _____

Parent or Guardian (if under 18) _____

Guardian Agreement and Permission:

In the event of any sickness or accident, I will not hold the Church of the Holy Spirit or the Diocese of Phoenix responsible. In case of sickness or accident, I authorize and consent to any X-ray examination, anesthetic and/or medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my son/daughter under the general or specific supervision and on the advice of any physician, dentist, or surgeon licensed to practice in the state of Arizona or any other state. I further understand and agree that any such medical, dental, or hospital expense incurred shall be at my own expense.

Please list any health concerns or medication needed.

Insurance Company _____

ID # _____ Group # _____

Address of Insurance Co. _____

My son/daughter/self has permission to join Holy Spirit's **FLIGHT** group for Jake's Unlimited in Mesa. I understand that reasonable precautions will be taken to safeguard the health and safety of the members and that I will be notified as soon as possible in case of an emergency.

Signed by guardian (if under 18) _____ Date _____

Signed by self (if age 18 or older) _____ Date _____

Flight Agreement:

I agree to listen to the rules given by Bill Price and the other staff and leaders present on this turn around trip. I agree not to bring any alcohol, drugs, or weapons, or participate in any fighting. If I break this agreement I acknowledge that I will be sent home immediately.

Signed by retreat participant _____ Date _____