

# Beach Retreat Permission Form

## August 1st - August 4th, 2019

This form must be completed by each participant and his/her parent(s) or guardian(s). It must then be submitted prior to the event to the parish youth minister. No one will be permitted to participate in summer trips without submitting this form.

**Name of Attendee:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_  
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### Parent/Guardian

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Email:** \_\_\_\_\_

### Secondary Emergency Contact:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Relation to participant:** \_\_\_\_\_

**Participant's physician name:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Health Insurance Type:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

List any conditions, e.g. allergies, or other medical problems which should be called to the attention of chaperones:

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EPIC Youth Ministry, 321 Witmer Rd, Horsham, Pa 19044  
Director of Ministry Duncan Fischley  
Work Phone: (215) 672-2881 ext 114  
Cell Phone: (636) 346-7547  
Email: e.p.i.c.inform@gmail.com

## EPIC Beach Retreat

I grant my permission for, \_\_\_\_\_, to participate in the EPIC Beach from August 1st to Sunday, August 4th, 2019 at the Luther Inn in Wildwood, NJ. I agree to the cost of per person. I acknowledge that no one is permitted to leave the premises of retreat center without the permission of Parent/Guardian chaperone and must remain in groups of 2-3 when off the property of the Luther Inn.

By initialing here\_\_\_\_, I understand that in the event that the participant can no longer attend Beach Retreat , I must notify the Director of Youth Ministry in writing by July 7, 2019. If cancellation after this date occurs, I understand that I may lose my deposit if a replacement cannot be found.

By initialing here\_\_\_\_, I release all video and photographs of the participant to EPIC Youth Ministry Corpus Christi Youth Ministry and Saint Rose of Lima Youth Group to be published on their website, to be used in advertising materials, and for social media documentation.

**Participant name (Print):** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian name (If under 18):** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_