

**Apostolic Brethren Inc. Retreat Application**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City / State: \_\_\_\_\_ Male / Female (Circle One)

Phone Number: \_\_\_\_\_

Are you staying in the Dorm Lodge (Circle One)

How many nights are you staying 1 2 (Circle One)

*I agree to follow all the campground rules and give A.B.I. permission to enforce these rules regarding myself or my child. I will participate in all activities and listen to camp counselors, Pastors, and Teachers. I am aware that I am responsible to pay for any damage caused by myself or my child and will take full responsibility for my own personal belongings.*

**Parent / Guardian Information**

*I, \_\_\_\_\_, give my permission for myself, Son, or Daughter to attend the Apostolic Brethren Youth Camp or Spring Retreat. I will not hold the Apostolic Brethren, Home Church, or Camp ground responsible for any injuries that may occur during the camp.*

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Home Church Information**

Church Name: \_\_\_\_\_

Pastor's Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Medical Release Section**

Camper Name: \_\_\_\_\_

Parents Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact and Phone Numbers:

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Company: \_\_\_\_\_

Insurance Card Number: \_\_\_\_\_

Please List any Medical Issues or Allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please List any medications:

\_\_\_\_\_

\_\_\_\_\_

***I give my permission for myself or my child to be treated at the nearest hospital in case of emergency. I will not hold the Apostolic Brethren / Home Church / or Campground responsible for any injuries that may occur.***

Parent's Signature: \_\_\_\_\_

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