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)

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: _____