

Club Outbound Retreat Permission Form

Participant Information

Full Name

Age

Grade/Class

Address

Retreat Details

Date(s)

Location

Activities

Emergency Contact

Name

Relationship

Phone Number

Medical Information

Allergies or Medical Conditions

Medications

Permission Statement

I, the undersigned parent/guardian, give permission for my child to participate in the Club Outbound Retreat. In case of emergency, I authorize the responsible adults to seek any necessary medical treatment.

Parent/Guardian Signature

Date