

Chicago Mission Center Registration Form for Retreats

Youth Name: _____

Email Address: _____

Grade: _____ Congregation (if applicable): _____

Email _____

I promise to live by the rules and to actively support the program developed by the staff.

Signature of Youth

Parent/Guardian, Please Sign

I give my permission for _____

to attend the Chicago Mission Center Youth Retreat, having confidence that those in charge will exercise diligence for the safety of the youth. I hereby release the leaders of any responsibility for personal injury.

IN CASE OF EMERGENCY I understand that every effort will be made to contact the parents or guardians of the youth. In the event that I cannot be reached, I hereby give my permission to the physician selected by the youth director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named. In case of emergency, I can be reached at:

First Name: _____

Last Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Other #: _____

Signature of Parent or Guardian

I also give permission for my child's picture to be used in brochures, web pages, etc. in promoting future events.

Signature of Parent or Guardian

Send to **Kevin Henrickson**
67 Winter Hill Circle
Montgomery, IL 60538

Questions? Contact –

Kevin Henrickson
630-337-2244
Khenric263@aol.com

<p style="text-align: center;">Sr. High Retreat Starts 7:30 PM Friday November 6th Ends 1:00 PM Sunday November 8th Cost \$55 Bring someone new and they come for 1/2 price! Make checks out to Community of Christ</p>
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