



**Dear Participant & Parent** find below **Guidelines** and **Consent Agreement**

forms for your Fowler Retreat both of which require signatures by participant and parent/guardian. Please fill out and returned to your youth group leader as soon as possible or bring with you to camp at the time of the retreat.

**Participant Guidelines for your Fowler Retreat:**

1. There will be absolutely no use of alcohol or drugs.
2. No smoking will be allowed in rooms/cabins.
3. No one will be allowed to leave the retreat grounds without permission from his/her adult supervisor.
4. Each registrant is expected to participate in all scheduled meetings and activities.
5. After lights out, participants must remain in their own room/cabin.
6. Any damage to property will be the financial responsibility of the parties involved.
7. Violation of these guidelines can result in participant's being sent home at their parent's expense, with no refund.

<input type="checkbox"/> I have read the above Guidelines for my Fowler Retreat and I agree to abide by them.	
Participant Signature:	Date:
Print Name:	

**Parent/Guardian Consent Agreement**

1.	Is your child in generally good health and able to participate in all normal activities? (mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If no, please explain	
2.	Does your child need to take any medication while at Retreat or does he/she have any special needs related to diet, hearing, mobility, etc? (mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
3.	Is your child allergic to any medications? (mark one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please explain	
4.	Name of medical insurance company	
	Policy Number	

By indicating my acceptance on this form, I hereby certify that the above information is correct and give my permission for the release of medical records in the case of illness or accident. In case of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give permission to the physician selected by my Retreat staff to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my child. I also give permission for the use of photographs including my child in event publicity.

**YES**  I accept the terms listed above and give my permission –  
**OR - NO**  I do not accept or give permission.

Name of Parent/Guardian	Date
Phone	

Please list emergency contact information if the above person can not be contacted: (Include name all phone numbers).