

High School Ski Trip

February 17-18

Cost: \$40 if you have your own equipment
\$50 if you need equipment

Plus money for 2 meals

**DEPOSIT OF
\$25 is due by
February 5**

BEFC PERMISSION SLIP & MEDICAL RELEASE FORM

Name: _____ Age: _____ Grade: _____

Address: _____ City: _____ WI Zip: _____

Parents / Guardian names _____

Phone #'s where parents / can be reached:

Cell phone-Mom _____ Cell phone-Dad _____ Home _____

Emergency Contact phone numbers:

Cell phone _____ Home _____ Work _____

Medical Concerns _____ Insurance _____

Physician and phone number _____

I, the parent or guardian of _____ authorizes their participation in the **Ski Retreat at Granite**

Peak, sponsored by Bible EFC on **February 17-18, 2012**. I authorize their participation in all activities including **Skiing**

and Tubing. I release and indemnify Bible EFC of Tomah WI, its employees, volunteers, and staff from any claims to

liability arising out of participation. I understand that reasonable care will be taken to insure my child safety. In case of medical emergency, I give permission to Bible EFC representatives to select a physician and to secure treatment for my child.

Signature of Parent/Guardian _____ Date: _____

