

First Presbyterian Church of Metuchen

270 Woodbridge Ave., Metuchen, NJ 08840
(732) 491-2300 www.fpcweb.org



Mandatory Confirmation Johnsonburg Retreat

March 16th – 18th, 2018

Permission form due by February 18th

Youth Name: _____ Youth Cell: _____

Parent 1 Name: _____ Parent 1 Cell: _____

Parent 2 Name: _____ Parent 2 Cell: _____

TRIP INFORMATION

Place: Johnsonburg Presbyterian Center
PO Box 475, 822 Rt. 519
Johnsonburg, NJ 07846

Date: Fri., Mar. 16th -Sun., Mar. 18th
Register by: February 18, 2018
Cost of Trip: \$110.00

To register your youth: Go on www.campjburg.org/ and use the Group ID: **Metconf2**

I, _____ Parent/Guardian of _____ waive all liability and give my son/ daughter permission to participate in all activities of this church activity. I also give my son/ daughter permission to be transported by van/car for the event. While the staff member in charge will in every way attempt to ensure the safety of the participants, it is fully understood that the parents/guardian assume all responsibility.

Your signature below indicates that you have read and understood the above paragraph.

Signature of Parent / Guardian

Date: _____

Questions? Contact Nancy Leardi at nleardi@fpcweb.org or (732) 491-2264

FILL OUT BOTH SIDES

Johnsonburg Presbyterian Center Youth Retreat Health Form / Permission Slip

This form needs to be completely in its entirety and signed by a parent/guardian
in order for youth to attend and participate in Johnsonburg led events.

Youth Name: _____

Date of Birth: _____ Sex: M _____ F _____

Parent/Guardian: _____

Home Phone: _____

Emergency Contact Information:

1st Contact Person: _____

Relationship: _____ Phone: _____

2nd Contact Person: _____

Relationship: _____ Phone: _____

Allergies: _____

Current Medications and Dosage: _____

***Note: Please bring all medication in original bottle/packaging**

Any condition requiring special attention: _____

Doctor: _____ Phone: _____

Health Insurance Company: _____

Policy #: _____

As the parent or legal guardian of _____,

I certify that the above information is complete and correct. I further authorize the adult leader of the church/youth group to secure medical care, including hospitalization and other medical attention deemed necessary by a licensed physician for my child. I further acknowledge that all costs associated with any medical treatment for illness or accidents while at the Johnsonburg Presbyterian Center are my personal responsibility.

By signing for my child, I permit the use of appropriate photographs for publicity reasons, and I also understand and have discussed with my child that he or she will not smoke, possess or use illegal drugs or alcohol, or cohabitate at any time during this event. **My child and I understand that unacceptable behavior such as that mentioned above – as well as cursing, fighting, leaving the site, sneaking out, disrespecting advisors, defacing property, etc. – will not be tolerated and may be grounds for dismissal from the event.** I will be available or will make arrangements to pick my child up if he or she is asked to leave the event early for unacceptable behavior.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____