



### 3<sup>rd</sup> – 6<sup>th</sup> Grade Youth Retreat

**Event:** 3<sup>rd</sup> – 6<sup>th</sup> Grade Youth Retreat to Camp Duffield  
11740 Worden Rd, Delevan, NY 14042

**Date/Time:** Friday, April 6—meet at the Church at 1:30pm  
Return Sunday, April 8 at approx. 4:00pm

**Cost:** \$75.00 per youth, \$10.00 per leader (for food)

**What to bring:** please print packing list from the church website (www.L-P-C.org)

**Name of Student:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Number:** \_\_\_\_\_

My child, \_\_\_\_\_ has permission to attend the field trip at the location listed above with the Lancaster Presbyterian Church. I understand that my child will be transported in either the church vehicle or a volunteers' vehicle.

I understand that in any activity there are inherent risks and do not hold Lancaster Presbyterian Church or its volunteers liable.

In case of emergency, I am listing my medical insurance information and authorize permission to treat.

**Please specify any allergies, concerns, or special needs** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Insurance:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, hereby GRANT DO NOT GRANT (please circle one) permission for my child, \_\_\_\_\_, to be photographed in public settings during the retreat and the photographs be used by Lancaster Presbyterian Church in digital or print forms for both informational and promotional purposes. \_\_\_\_\_  
(parent/guardian signature)

**Registration & Payment Dates:**

- Permission slip & \$20 non-refundable deposit per child due by **Sunday, March 4<sup>th</sup>**.
- Balance due **March 25<sup>th</sup>**.
- Please give payments and permission slip to Pete Gawron (Director of Family & Youth Ministries) or Kelly Harty (youth group leader).
- Contact Pete Gawron at petegawron@gmail or 716.220.5443 with any financial concerns.