



# Junior/Senior High Camp Allegany Retreat

**Event:** *Junior/Senior High Youth Camp Allegany Retreat*  
2373 ASP Rte 1, Salamanca, NY 14779; Ph: (716)354-9121

**Date/Time:** Friday, March 29<sup>th</sup>—meet at the Church at 5:30pm  
Return Sunday, March 31<sup>st</sup> at approx. 1:00pm

**Cost:** \$75.00 per youth

**Items to bring:** sleeping bag, blanket & pillow; a twin fitted sheet; warm clothes, boots, rain coat, flashlight, toiletries, Bible, good attitude & a friend!

**Registration & Payment Dates:**

- Permission slip & \$20 non-refundable deposit per child due by Sunday, March 3<sup>rd</sup>
- Balance due March 24<sup>th</sup>.
- Please give payments and permission slip to Pete Gawron (Director of Family & Youth Ministries).
- Contact Pete Gawron at petegawron@gmail or 716.220.5443 with any financial concerns.

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**Complete below and return to Pete Gawron with deposit.**

**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)