Winter Retreat Permission Form

I grant permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the Winter Retreat at Riverbend Retreat Center in Glen Rose from January 18th to January 20th. By signing this permission form, I understand that:

• The cost of this trip is $45/student

* Parents will need to have their kids in the parking lot by 7pm that Friday
* The deadline to sign up for this trip is January 6th.

If there is anything about your child that may be of concern, please let me know in the additional comments section below.

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

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Additional Comments: