



PK RETREAT 2020

Parental Consent Form

**Must be completed in its entirety. One form per student.
Students will not be allowed to stay at the retreat without a completed consent form.**

Student First Name: _____

Student Gender: Male Female

Student Last Name: _____

Home Address: _____

City: _____ Zip: _____ Student Date of Birth (mm/dd/yy): ____ / ____ / ____

Parent Contact # _____ Belongs to Name and Relation: _____

Emergency Phone # _____ Belongs to Name and Relation: _____

Insurance Company: _____ Policy # _____

Policy Holder: _____ Group ID _____

**THIS CONSENT MUST BE READ AND ANSWERED BELOW BY THE LEGAL PARENT AND/OR
GUARDIAN OF THE STUDENT WISHING TO ATTEND!!!**

I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered student at the Peninsular Florida District of the Assemblies of God 2020 PK Retreat, I give my permission for this child to participate in all event related activities. I understand I am assuming such risks that are both known and unknown to me at this time. I hereby also give my permission for this child to travel to said activities in/with the transportation provided by the authorized director, staff member, or other responsible person of said event. While this minor is registered at the Pen Florida District Assemblies of God 2020 PK Retreat, I hereby authorize any director, staff member, or other responsible person of said event to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I also give permission for this child to receive over-the-counter medication from the event staff if necessary. I understand that my child is obligated to respect all rules related to the 2020 PK Retreat. In the event that he/she does not abide by the rules, I agree to fully cooperate with the PK Staff to remedy the situation, even if it includes dismissal from the event. If there is damage to hotel, or theme park property, or hotel items, or linens are missing from any rooms, the undersigned accepts full responsibility for restitution. Payment will include cost of material and any labor expenses.

Check this box if you have read, understand, and agree to the terms of this consent form in its totality.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

**This form is REQUIRED and must be returned to PFYouth *prior* to the PK Retreat
via email youth@penflorida.org or fax 863.683.8787**