



Unplugged Retreat

Consent Form

STUDENT INFORMATION

NAME : _____

ADDRESS : _____

MOBILE NUMBER : _____

EMAIL : _____

BIRTHDATE : _____ **GENDER** : _____

PARENT/GUARDIAN INFORMATION

NAME : _____

ADDRESS : _____

MOBILE NUMBER : _____

EMAIL : _____

I, _____,
am the custodial parent and/or legal guardian of:
_____.

MEDICAL INFORMATION

INSURANCE COMPANY : _____

POLICY NUMBER : _____ **GROUP NUMBER** : _____

PHONE : _____



Unplugged Retreat

A N C Y O U T H

TRAVEL ARRANGEMENTS

- I authorize my child to travel with the *All Nations Church Youth Group* and *Dylan Armes, Youth Pastor*.

- I authorize my child to travel to the **Unplugged Retreat** for a youth group event at the *Rockbridge Alum Young Life Campground, 170 Spring House Rd, Goshen, VA 24439, between April 4, 2025, and April 6, 2025.*

- In case of an emergency I authorize my child to receive medical treatment at the discretion of *Pastor Dylan Armes*.

EMERGENCY CONTACT

NAME :

PHONE :

SIGNATURES

DATE :

PRINT NAME :

SIGNATURE :
PARENT/GUARDIAN

SIGNATURE :
STUDENT