



Winter Retreat

Parent's name _____

Youth's name _____

Male/Female _____

DOB _____ Grade _____ Phone _____

Emergency Contact _____ # _____

_____ # _____

Insurance Provider _____

Insurance # _____

Special Medical Info or Other Instructions _____

NOTE: By signing, you are giving permission for the above named to attend Winter Retreat in Black Mountain, NC, at the YMCA Blue Ridge Assembly. Which is being hosted by Collision Asheville. If in the event of an accident a parent cannot be contacted, please sign to grant your authorization for emergency treatment.

Permission to Attend

Permission to Treat

I agree to abide by the standards conveyed in the Bible and authority of my pastor and leaders while on this trip or my parents will come pick me up.

Youth's Signature

Parent's Signature