



St Mary Coptic Orthodox Church  
East Brunswick, New Jersey

**Permission Slip**

6<sup>th</sup> / 7<sup>th</sup> / 8<sup>th</sup> Grade Winter Retreat

**Place:** America's Keswick: 601 Pinewald Keswick Rd Whiting, New Jersey 08759

**Date & Time:** Tuesday December 26<sup>Th</sup> TO Thursday December 28<sup>th</sup>

Meet at church at **8:00 A.M** on Tuesday December 26<sup>th</sup>

**Arrival:** Returning to St. Mary Coptic Church on Thursday December 28<sup>th</sup> at 2:30 P.M

**Cost:** \$ 100.00 including Lodging, transportation and food

**Due Date:** **Saturday/ Sunday December 10<sup>th</sup>** (Please return permission slip to child's **Sunday School Servant**)

Contact:

Mary Mikhail – 732-579-2772

(List of Servants will be provided on the day of the retreat)

**Please Bring:**

- Bible, Daily Blessings
- Layers of warm clothing including: Jacket, Coat, Scarf, Hat, Gloves.
- Personal Items: Toothbrush, Toothpaste, Bath Towel, etc...

Bed sheets, pillows and blankets will be provided

The Following Items are not permitted:

- NO CELLPHONES
- NO MOBILE DEVICES/ ELCETRONIC GAMES

\*\* Your child's Sunday School Servant will have a **phone** so you can communicate with your child.

\*\*\* If your child is **sick**, please refrain from bringing them on the retreat out of the safety of all the children. A full refund will be issued.

\*\*\*\*Please bring all the necessary **medications** that your child may need.

**PLEASE KEEP THIS FORM. DO NOT RETURN TO SERVANTS.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

D.O.B: \_\_\_\_\_ T-Shirt size(Adult): \_\_\_\_\_ Payment: \_\_\_\_\_

- Does your child have any Medical Conditions such as Asthma, or Any Medications that will require special Attention?
- 
- 

(Please Provide the Appropriate Medications at Drop Off)

- Does your Child have any allergies (food and/ or drug)?
- 

Emergency Contact: \_\_\_\_\_  
Name Home Phone Cell

I hereby give permission to \_\_\_\_\_ to participate in the above-described activity organized by St. Mary Coptic Orthodox Church of East Brunswick, New Jersey [the Church].

As the parent/guardian of the above-named child, I fully realize that there are risks inherent in the student's participation in this activity and I assume all such risks. Accordingly, I intending to be legally bound, hereby release and hold harmless the Church, its clergy, servants, agents and volunteers from any and all liability as a result of the student's participation in the activity, or any injury, loss, damage or incident occurring during my child's participation in the activity regardless of any negligence on the part of Church, its clergy, servants, agents and volunteers.

Furthermore, I also grant the Church, its clergy, servants, agents and volunteers full authority to take whatever action it considers warranted under the circumstances for the student's health and safety. Specifically, in case of a situation requiring medical treatment, I authorize the Church, its clergy, servants, agents and volunteers, at its discretion and at my expense, to place the above-named child in a hospital for medical services and treatment, or if no hospital is available, to obtain medical service and treatment from a doctor. In obtaining, authorizing, and supervising such medical service and treatment, the Church, its clergy, servants, agents and volunteers shall have the discretion to act in the same manner and with the same authority as I could act if present. This authorization is given with the understanding that if a situation arises requiring medical treatment, the Church, its clergy, servants, agents and volunteers will immediately attempt to notify the student's parent/guardian or emergency contact person named below and will continue in its efforts to notify the parent/guardian or emergency contact person until it has succeeded in doing so.

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

\_\_\_\_\_  
DATE

**PLEASE RETURN THIS PAGE TO ONLY A 6<sup>th</sup>/7<sup>th</sup>/8<sup>th</sup> GRADE SERVANT.**