THE REFORMED CHURCH OF NEWTOWN
85-15 BROADWAY
ELMHURST, NY 11373
(718) 592-4466

-Permission Slip / Waiver Form-
Print and Hand-In with Signature

Activity: English Congregation Retreat 2025
Date of Activity: May 24 to May 26, 2025
Location: Eddy Farm, 300 Eddy Farm Rd, Sparrow Bush, NY 12780
Departure Time: Bus (if needed) departs at 9:30am in front of the church
Transportation: 40-passenger bus *(make sure you pay for the bus ($40) when you sign up via newtown.church/retreat)*

Contacts: Dennis Lee - dennis.lee@newtown.church

Total amount for lodging, transportation, and 7 meals:

Early Registration (Before Feb 24)
Youth Age 12-18 / Full-Time College Student: $150
Bus (if needed): $40

Late Registration (After Feb 23)
Youth Age 12-18 / Full-Time College Student: $180
Bus (if needed): $40

MAKE SURE YOU ARE REGISTERED at Newtown.church/retreat if you haven't already. Those who are not registered there, will not have a room.

Parental Permission Slip

I understand the arrangements for taking my child to:

English Congregation Retreat 2025 at Eddy Farm, 300 Eddy Farm Rd, Sparrow Bush, NY 12780

I give consent for my son or daughter to participate in this activity and I release The Reformed Church of Newtown, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my child's participation in the activities; and I agree to indemnify and hold forever harmless The Reformed Church of Newtown, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on or off the premises of The Reformed Church of Newtown, or resulting from traveling to or from the activities of The Reformed Church of Newtown, including loss or injury resulting from negligence or gross negligence. I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me.

I authorize emergency medical treatment for my child and I authorize health care providers to render such care as may be necessary. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered by my child pursuant to this authorization.

Child's Name: _____

Parent / Guardian Signature (If under 18 years of age): _____
Cell #_____ Date:_____