



John 6 Crossing

PARENTAL CONSENT/WAIVER:

I hereby give my child _____ permission to attend the John 6 CROSSING WEEKEND RETREAT sponsored by the BLD Trenton. I waive and release any and all rights and claims for damages which I may have against Bukas Loob sa Diyos, Trenton Covenant Community and all of their agents, servants and members, for any and all injuries which my child may incur while taking part in the John 6 Crossing Retreat on May 29th to May 31st 2015 in Archdiocesan Youth Retreat Center, Kearney NJ.

As a parent, I understand that it is my responsibility to pick up my child at the pre-determined time. I also understand that if my child becomes ill or distractive, the "Emergency Contact" person will be called to take him/her home.

Please indicate any medical problems and /or allergies that your child has:

None: _____. If there are any medical concerns, please explain:

Contact person in case of emergency: _____

Home No: _____ or Cell No: _____

("Emergency Contact")

Signature (Parent or Guardian): _____ Date: _____

Contacts: The current John 6 Ministry Coordinators Dan/Jean Catarata (732) 341-7659; 732 267 3434 , Malou/Eugene Yosuco (732) 922-6159; 732 500 5161; Jojo & Ino Dominguez- 732 -952-8568