

**YOUTH REGISTRATION FOR FALL RETREAT**

October 28 – 30, 2005  
at Lake Avenue Baptist Church,  
57 Ambrose Street, Rochester, NY

We, the undersigned parent(s) or guardian(s) of \_\_\_\_\_ do hereby authorize our son or daughter to join the Third Presbyterian Youth Ministry Fall Retreat, to be held from Friday, October 28 through Sunday, October 30 at Lake Avenue Baptist Church in Rochester. Registration cost for this event is \$10.00 per student.

It is understood that the designated advisors will be in attendance and will provide the best reasonable supervision to ensure the health, welfare, and comfort of all in attendance.

We (I) hereby release Third Presbyterian Church from any liability for any incident beyond the control of advisors and staff using their due diligence and best judgment.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Phone number for emergency contact

**YOUTH COVENANT**

I promise to contribute, to the best of my ability, to a productive, attentive, and fun-filled activity. I will be caring and respectful toward others, as well as their property, and will share in the activities which are planned for this event. I will conduct myself in a manner befitting of a Christian and a representative of Third Presbyterian Church. I will not bring or use any alcohol, tobacco, or drugs to the event.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
date