

MIDDLE & HIGH SCHOOL WINTER RETREAT

Dates: January 27-29, 2017
Cost: \$99.00
Location: Lake Aurora Christian Camp
237 Golden Bough Rd
Lake Wales, FL 33898
(863) 696-1102

Speaker:
Russell Jeffrey
Band: Overflow

Name of Camper: _____

Address of Camper: _____

Emergency Contact Name & Phone: _____

Emergency Contact Name & Phone: _____

Method of Payment:

Check Number & Amount: Ck # \$

Cash Amount Paid: \$

Registration Deadline:
January 15, 2017

**MANDATORY
MEDICAL & ACTIVITY
RELEASE
On flip side.**

MANDATORY MEDICAL & ACTIVITY RELEASE

(Please Print Legibly)

I, _____, as the legal guardian(s) of _____ do consent to his/her involvement in youth sponsored activities by First Presbyterian Church, 16 N 3rd Street, Lake Wales, Florida 33853.

The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by First Presbyterian Church. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

I also give my permission for the leadership of the youth program to admit my child to medical care facilities and give my authorization for my youth to be treated immediately if an injury or illness should occur while participating in youth program related activities.

I do not hold First Presbyterian Church, its youth program or any of its leadership responsible in any way for any incident or accident that may occur while participating in the youth group program. (Please use the area below explain any other additional or helpful information you feel we should be aware of... i.e. allergies, asthma, medications, etc.)

I have read and fully understand the above permission slip and I do want my child to be allowed to participate in the First Presbyterian Church youth group program and its activities.

Signature (Legal Guardian): _____ Date: _____

Medical Insurance & Policy #: _____

Phone #: (____) _____ - _____ Alt/Emergency #: (____) _____ - _____

Please list all medical conditions that the staff needs to be aware:

Please list all medications that the student will be bringing with them and when they need to take them. Please send them in their original containers.

Please list any activities that your child is not able/allowed to participate in:

Other information we need to know (i.e., late delivery to the camp, early pick-up, etc.)

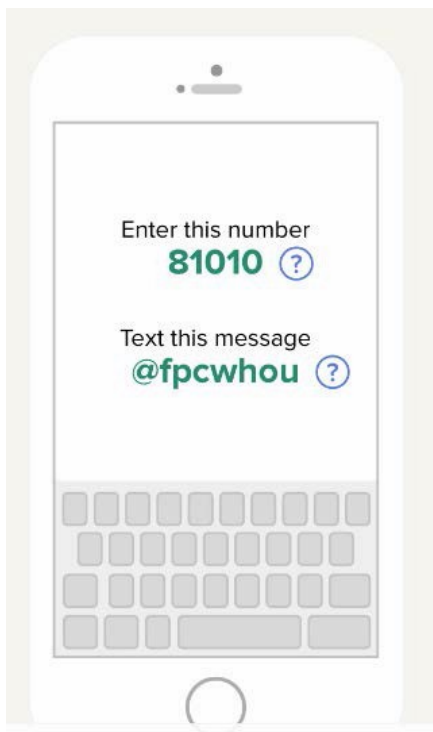
Parents/Guardians and Campers,

We ask that all campers leave their cell phones at home for this retreat. We are trying to create an atmosphere of reflection and withdrawal for the weekend and would appreciate your/their compliance with our request. In the event of an emergency parents/guardians may call Stacey Butcher (863.605.3107) or me (863.258.4521). Should the occasion arise where a camper needs to make contact with their parent/guardian we will make our phones available to them.

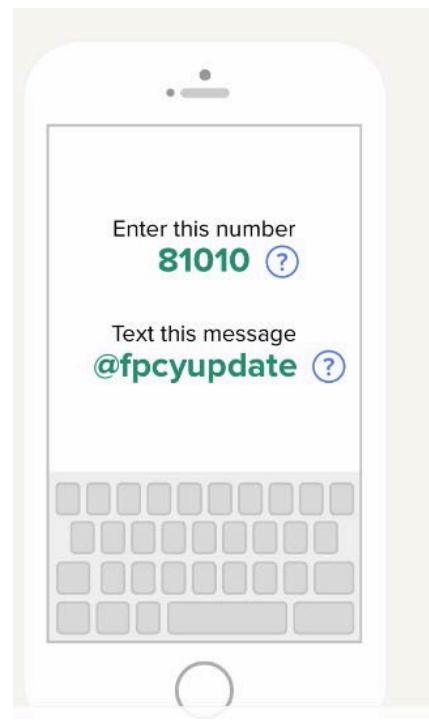
In the event a camper forgets to leave their phone at home and any of our leaders see it, we will take and hold it for them until the retreat is over. **Their attendance at the retreat will be an indication of their agreement to comply with this restriction.**

Campers should be back to church around 1:00 pm on Sunday. We will send out a text blast via Remind when we are leaving camp which will give you a 15-20 minute notification of their return. If you are not signed up with Remind and want to get the Parents' text blasts, both now and in the future, please see directions below ...

Middle School Student Parent:



High School Student Parent:



Thank you for your cooperation.

Sincerely,

Micah Burklin, Director of Youth