

1 ONE

HIGH SCHOOL SPRING RETREAT / MARCH 25-29, 2019
COLOSSIANS 3:12-17

Retreat Details (please keep for your reference)

When: Monday, March 25th—Friday, March 29th

Depart LifePoint - 3/25 2:00 pm Return to LifePoint - 3/29 12:00(ish) pm

Who: High School Students (9th-12th grades)

Location: Higher Ground Christian Retreat Center (West Harrison, IN)

Cost: \$185 (checks made out to LifePoint Church) *-see Janet if cost is a problem*

If there are multiple children from one family attending HS, first child is full price and for each additional child the cost is reduced by \$25.

What: Prayer, Bible Study, hiking, sports, games, fellowship

What to Bring: Outdoor clothes, sleeping bag, pillow, **BIBLE, PEN OR PENCIL, NOTEBOOK**, toiletries (inc. towel), snacks/candy, and any games you may want to play

*Do not bring iPods or headphones. The student may bring a cell phone, but it must be kept put away. If it is seen out, I will borrow it for the week. If parents need to reach their children, they can call Janet (cell phone # 317-441-7015).

Retreat Registration Form

Complete and this page, with signed consent form on back, and
return to the church offering box in an envelope marked HS Spring Retreat.

****Registration Deadline is Monday, March 11th by 5:00 p.m. No late registrations accepted!****

Name _____ Phone _____

Grade: 9 10 11 12 T-shirt Size: XS S M L XL

Parent/Guardian _____ Phone _____

Emergency Contact Person (if Parent/Guardian cannot be reached):

Name _____ Phone _____

Medical Information:

Allergies _____

Medications _____

Medical Insurance Company _____

Policy # _____ Member's Name _____

Any other special instructions _____

Permission and Consent

We are most appreciative of your trust as we minister to your children. For reasons that are apparent, we are requesting that you sign this Release of Liability and Medical Consent Form to allow us to have your child participate in the Spring Retreat. Thank you for your cooperation, and please know that we take our responsibilities seriously.

I hereby release and hold harmless from liability LifePoint Church, its staff members, volunteer workers, and other employees and/or agents in the event of any injury to my child not resulting from the negligence of any such staff, volunteers, employees, and/or agents while my child is engaging in any church or youth activity.

Please Initial

I further consent to any hospital or medical care necessary for my child, and such medical care may be approved by my child's youth leader/director and physicians immediately employed in any medical facility where they may be treated, including all emergency treatments, which in the judgment of said physician, may be considered necessary or advisable for my child.

Please Initial

I understand that this is a legally binding release and consent that the church activities are provided in consideration for this signed release and consent.

Please Initial

I have carefully read this Release of Liability and Consent for Medical Treatment Form and fully understand its contents. Being aware of said contents, I sign of my own free will.

Parent's Signature _____ Date _____

