

Retreat Details (please keep for your reference)

When: October 18th-20th; We will meet in the Multi-Purpose Room at the church on Wednesday and return on Friday, departure and arrival times will be forthcoming.

Who: High School Student Ladies (9th-12th grade)

Location: Flat Rock River YMCA Camp
(www.flatrockymca.org)

Cost: \$115 (checks made out to LifePoint Church), includes transportation, lodging, food and special activities. Please let us know if the cost is prohibitive.

There is a \$25/student scholarship for siblings that attend the retreat. This discount is only applicable to high school students' fees. (First student is full price and additional students receive scholarship.)

What: A spiritual retreat. There will be teaching, devotional time, discussion groups, worship, fellowship, and general fraternizing.

What to Bring: Sleeping bag or bed sheets, pillow, Bible, pen or pencil, notebook, toiletries (inc. towel), warm clothes, snacks/candy, and any games you may want to play while there. The weather in Indiana is unpredictable, so come prepared as we will have a few outdoor activities.

We will need a new copy of your child's medical insurance

*Do not bring cell phones, iPods, or laptops please. If parents need to reach their children, they can call Justin.

Questions: Call or email Justin P'Pool (317-292-5555, jppool@lifepointindy.com).

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Retreat Registration Form

Complete and return this page **by 9/27** with signed consent form on back and payment. **Return to an offering box.**

Absolutely no late registrations will be accepted. Payment is required when registering!

Name _____ Phone _____

Grade: 9 10 11 12

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 _____

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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 HS Fall Retreat. Thank you for your cooperation, and please know that we take our responsibilities seriously.

Please Initial

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.

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.



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