



## Retreat Details (please keep for your reference)

**When:** October 15-17; The students will meet at LifePoint at 2:00pm on Sunday afternoon and will be picked up at the church on Tuesday at 4:00pm. Transportation will be provided by those adults chaperoning the trip.

**Who:** Middle School Students (6th-8th grade) and their parents! (Let me know if you would like to attend. We need a background check on file for all chaperones.)

**Location:** Spring Mill State Park

**Cost:** \$35 per student (checks made out to LifePoint Church). Payment required upon registration.

**What:** A three-day spiritual retreat focusing on discussing our faith with others. There will be teaching, devotional time, hiking, games, and general socializing.

**What to Bring:** Warm sleeping bag, pillow, Bible, pen or pencil, notebook, toiletries (inc. towel), warm clothes, outdoor clothes, hiking shoes, flashlight, bug spray, snacks/candy, and any games you may want to play while there. The weather in Indiana is unpredictable, so come prepared as we will be outside!

If the student is on medication, have that medication marked in the proper container and bring it to check with the leaders. Also, we will need a copy of your child's medical insurance if this is their first LifePoint youth trip, or if your insurance has changed since their last trip.

\*Do not bring: Bad attitude, "Energy" drinks (Red Bull, etc.), cell phones (you will survive!), electronic devices (video players/portable game systems, iPods), drugs, alcohol, AXE body spray, firearms, knives, lighters, matches, pets, etc.

**Questions:** Call or email Dave Kerr (317-903-4547, [dkerr@lifepointindy.com](mailto:dkerr@lifepointindy.com))

# Retreat Registration Form

Complete and return this page, with signed consent form on back. Place payment in attached envelope and return to offering box located on the wall outside the Worship Center. Payment required upon registration.

**\*\*Registration deadline is Sunday, October 1st - Late registration will not be accepted.\*\***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Grade: 6 7 8

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 MS Fall Camping Trip. 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