

New Years Retreat!!!

for Jr. High and Sr. High Youth

December 30th - January 1st

Where:

Cedar Rapids
Church

Starts:

Friday @ 8pm

Ends:

Sunday @ Noon

Cost:

30 Dollars
checks payable to
"Community of
Christ"



Please contact:

Josh Goff

(319) 651-6620

joshg@mchsi.com

or

Kenny Wolf

(309) 712-5808

**Please Contact ASAP
when you know you
are planning on
attending**

If you are youth worker
certified and are
interested in helping out
please contact Josh or
Kenny!!!!!!

Things to Bring:

Warm Clothes

(Check Weather)

Gym Clothes and Tennis Shoes

Sleeping Bag

Pillow

Shower Stuff

Towel

Toiletries

Release Form

Payment for Retreat

Friends

Etc...

Top 6 Reasons to Come:

6. Cookies!!!

5. It's a New Years Party...with all
your coolest friends!!!

4. You get to meet new friends!!!

3. Good food!!!!

2. A great time hanging out with
others doing fun activities and
partying it up!

And the number one reason you
should come....

Guess who have to show up to
find out!!

Please fill out the
following form and bring
it to the retreat with your
money.

Discipline, Liability and Medical Release Form

Circle one: **Staff** **Participant**

Event _____

Participant Name (Print Clearly) _____

Male _____ Female _____ Age _____ Birth Date _____

Address _____

City _____ State _____ ZIP Code _____

Legal Guardian Name (Print Clearly) _____

Work Phone _____ Home Phone _____

Mobile Phone _____ Other Phone _____

Persons allowed to pick up participant from event _____

In case of an emergency, and I cannot be reached, please notify:

Name _____ Name _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

Your insurance carrier _____ Policy # _____

Personal insurance is primary. Program insurance is secondary.

Participant's Physician _____ Physician Phone _____

Date of last Tetanus Shot _____ Allergies _____

Medication Presently Taken _____

List any specific information that the program authorities should know relative to Participant's health.

Permission for Medical Treatment

I do hereby authorize the Program Director of this activity or any Program staff member, in the event that I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while in this Program.

Date _____

Signature of parent or legal guardian

(Please see the second page for additional items requiring signatures)

Photo Release

I do hereby give my consent and authorize the Community of Christ, its successors, heirs, legal representatives, assigns and agents to use and reproduce the participants name, voice and/or likeness (photographic, illustrative, audio or video tape, film or electronic and/or digital image), and circulate and use the same for any and all official resource, use or purpose including but not limited to print, film, or electronic media and reproduction or digital representation of every description on the internet/world wide web. Consideration is hereby waived in perpetuity, and no further claim of any nature whatsoever shall be made by me, my heirs or assigns. The Community of Christ has made no representations concerning the use hereof to me.

Signature of parent or legal guardian Date _____

Consent and Liability Release

I, the legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this Program. The participant identified on this form and I understand that all participants are expected to abide by the Program rules and be directly responsible to the Program Director. The Program Director assumes responsibility for discipline at the Program and, if necessary, may, because of misconduct or disobedience, require a participant to leave. In such instance, I will assume full responsibility for returning the participant to his or her home.

I acknowledge and I am aware that this program may involve hazards and risks, including those associated with the transportation of the participants to the activity and back, which I am prepared to accept on behalf of my child. Accordingly, as part of my decision to allow my child to participate in this activity, I hereby release the Community of Christ (including its officers, employees, agents, assigns and affiliates) from any and all liabilities with respect to injury, sickness, disease, death, or damage as a result of participation in this program. This release applies to any and all liabilities to me, my child or my child's estate of any type or description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind.

Further, I understand that the participant may receive a physical examination upon arrival at a youth camp. My consent and signature are given below. I have read and agree to the information given in this entire form.

Signature of parent or legal guardian Date _____

This form must be presented at registration for all adults and young people attending Community of Christ programs. (Sorry, No Exceptions!)

COMMUNITY OF CHRIST CANNOT ALLOW ANYONE TO ATTEND WITHOUT COMPLETING AND SUBMITTING THIS FORM!