

Participant Packet Registration Deadline_____ COST____



TENTATIVE SCHEDULE:

FRIDAY, OCTOBER 6 7pm-9pm - Registration & Settling In 9pm-10pm - Opening Session 10pm-10:30pm - Small Group 1 & Adult Meeting 10:30pm - Cabin Devotions 11:15pm - Lights out

SATURDAY, OCTOBER 7

8am - Breakfast - feel free to come in appropriate PJs 9:30am-11am - Energizers, Music, Keynote 11am-12pm - Small Group 2 12:30pm - Lunch 1:30pm - 2:30pm - Energizers, Music, Keynote 2:30pm-3:15pm - Small Group 3 3:15pm-4:30pm - Recreation (Group) 4:30pm-6pm - Free Recreation 6pm - Dinner 7pm-8:30pm - Free Recreation 6pm - Dinner 7pm-8:30pm - Energizers, Music, Keynote 8:30pm-9:30pm - Small Group 4 9:30pm-10:30pm - Dance! 10:30pm - Cabin Devotions 11:15pm - Lights out

SUNDAY, OCTOBER 8 8am - Breakfast - feel free to come in appropriate PJs 9:30am-10am - Small Group Wrap Up 10am-11am - Closing Worship 11am - Safe Travels!

to Register:

- sleeping bag
- twin sheets (optional)
- pillow
- bath towel
- toiletries
- flip flops for shower
- clothes (casual) for 3 days
- Bible
- Hawaiian-themed clothes for Saturday night

Sleeping happens in some awesome cabins with bunk beds & heat, if needed.





New Hope Presbytery Middle School Retreat 2017 PARTICIPANT REGISTRATION FORM

Name	Cł	urch (with city)	
		City/State/Zip	
Parent/Guardian Name		Phone Numb	er_()
	der: Youth _		
Allergies:peanuttree nu	glutendairy	shellfishother	
Treatment for allergies			_ Carries epipen?yesno
Current Medications & Dosage	<u>}</u>		
Insurance Carrier Policy Holder's Name			
Policy Number Group Number			

PARENT/GUARDIAN PERMISSION & RELEASE

I, the undersigned parent/guardian, give permission for my child to participate in this Presbytery youth event. I am aware of and approve of the planned costs, dates, places, and activities of the event. I understand the degree of risk (if any) in this event and I hereby waive and release the Presbytery of new Hope, the above-named church, Camp Don, Lee and staff, and the adult leadership from any and all liability for any injury, illness, or problem occurring during participation in this event. I also give my permission to have and will accept financial responsibility for my child to be examined and treated by a qualified physician in case of emergency. I understand that I will be contacted as soon as possible concerning any medical or behavioral problems with my child. Date

Parent/Guardian Signature_

COVENANT

I have willingly chosen to participate in this Presbytery youth event! As a participant, I will work toward the goals of this event and build our group into a Christian Community by: 1) Participating wholeheartedly and enthusiastically in all activities planned for our group and speaking up when I have a problem, concern or need. 2) Listening and responding to the needs of others. 3) Following the guidance of all adult leadership. 4) Respecting others' property or rights and abiding by the rules. 5) Not bringing controlled substances (alcohol, drugs, flammables, etc) or promoting these activities. 6) Not smoking. Please note, Camp Don Lee is a smoke-free facility. 7) Not leaving the event grounds at any time. 8) Encouraging others to abide by this covenant. 9) Striving as a Christian to live as a supportive member of the group and as an example of faith and belief to those with who we are in contact. I understand that failure to abide by any of these guidelines may result in my being sent home at my parent's expense, notification of my church's session, and my church not being invited back to future events. Parent/Guardian Signature_ Date Participant Signature_ Date___