

PARENTAL CONSENT AND HEALTH HISTORY - 2012 Winter Retreat / February 10 – February 12

HEALTH HISTORY: To protect your child from the possible embarrassment, but not to exclude him/her from the Program, please list any health concerns that we should be aware of. Also include any known allergies to drugs and/or insect stings. List any other health concerns, allergies, drug reactions:

Date of child's last tetanus _____
Name and phone number of your child's regular physician:
Dr. _____ Phone:(_____) _____

Please list any medications that your child will need to have while at camp:
MEDICATION: _____ DOSAGE: _____ WHEN TAKEN: _____

In the event of a minor illness or injury (such as a cold, headache, scrapes, sprains, abrasions, and/or small cuts), I do authorize the leading Pastor (and/or his/her representative), R.N. or EMT to make common remedies such as Tylenol, cough medicine, etc., available to my child in dosages appropriate for his/her age, and to clean, bandage, or wrap wounds as necessary.

Student's Name: _____ M/F: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

E-mail Address (child): _____ Birthdate: _____

School Attending: _____ Town: _____

Insurance Co. _____ Policy#: _____

Emergency Contact Name: _____ Phone: _____

IMPORTANT: MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN

The health history is correct as far as I know, and the child herein described has permission to engage in all prescribed camp activities except as noted by me and/or a physician. I hereby give permission to the physician selected by the Youth Pastor (and/or his representative) to order X-rays, routine tests, and treatment for the health of my child and to order injections and/or anesthesia and/or emergency surgery for my child named above. This authorization shall remain effective through the extent of the scheduled program noted on this form with Calvary Chapel of Old Bridge, unless sooner revoked in writing and delivered to agent of Calvary Chapel of Old Bridge. I further agree that in consideration of the said Calvary Chapel permitting our child to participate in the aforesaid activity, we hereby agree to indemnify and save harmless said Calvary Chapel, its officers, volunteers, adult chaperones, employees, and agents against any and all claims for loss or liability incurred to our child as a result of said activity.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Student's Signature: _____ Date: _____

IMPACT

2012 WINTER RETREAT



February 10th to February 12th 2012
(Grades 9-12 Only) @ Mont Lawn (Bushkill, PA)



PAYMENT INFORMATION

This cost of the retreat depends on when you signup. It includes the 2 nights of lodging and 7 meals. Please try and register early. Payment is due with the form! Make checks payable to Calvary Chapel Old Bridge (**memo: !IMPACT Winter Retreat**).

Pay before Jan 27th: \$135

Pay after Jan 28th: \$145

Deadline = Feb 9th

PLEASE ALSO CONSIDER FINANCIALLY SPONSORING ANOTHER STUDENT TO GO!

SCHEDULE

We will be meeting here at the church at 3:30 pm on Friday, February 10th and will return to CCOB on Sunday, February 12th, at 6:00 pm

WHAT TO BRING / WHAT TO LEAVE BEHIND

In addition to packing winter clothing, be sure to bring a Bible, pen and notebook for devotions. Our purpose in this is to maximize your experiences with God as you get away to seek His will for your life. YES – you can bring a cell phone for emergencies. But you have to ask permission to use your phone. If we see you texting / talking on the bus or at the retreat center then we'll hold onto your phone

Bring

- Pillow & Sleeping bag
- Towel
- Toiletries

Do NOT Bring

- iPad / iPod / PSP / Nintendo DS
- Tuxedos / 3D Glasses / Hugs
- Pocket Knives / Beiber Posters

EMERGENCY CONTACT INFORMATION

Should you need to contact us in an emergency while we are at the retreat, call 646-498-3071. The phone # for this Christian retreat center is 570-588-6067. The website address for additional information is www.montlawncamps.org.

YOUTH MINISTRY QUESTIONS

If you have any additional questions please contact Pastor Andy by calling the church office at (732) 479-0604, or his cell at (646) 498-3071, or andy@ccob.org

GROUP LIVING STANDARDS: In order to maintain both a Christian testimony in the community and to accomplish the purpose of this retreat, students are required to adhere to the following: The most important rule is that you are kind and loving towards every student there!

1. The highest standards of moral conduct are to be maintained at all times. (No pranks! ☺)
2. Students are to be in their rooms during the “lights out” time as designated by their leader.
3. No smoking, drinking, and no conduct or language unbecoming to a Christian at any time.

We have read and agree to any and all rules and regulations associated with this camp. We are in full compliance with ALL of the requirements and rules, those written, and those verbally conveyed. Should there be any breach of this contract, we agree to arrange for transportation home from this concert for my child IMMEDIATELY upon contact. By signing on the back of this form you are agreeing to this statement.

WHY COME TO THE WINTER RETREAT?

There is just something about getting away from all of life's distractions and seeking the Lord that changes you. God always honors any effort to draw close to Him (James 4:8). If you are looking to recharge your faith and fall in love with Jesus all over again then join us for a great weekend.



We'll have times of: GROUP BIBLE STUDY / PERSONAL DEVOS
GOING DEEP WITH SMALL GROUPS / WORSHIP MUSIC / ICE SKATING
(Bring Your Own Skates!) / SNOW TUBING / ROCK CLIMBING / CAMP
FIRES / CRAZY GAMES / IMPROV / GREAT EATS / EMMAUS WALKS /
AND TONS MORE TO GET US FOCUSED ON GOD!



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