



(be)loved: FALL RETREAT 2011

October 21-23, 2011

For all students grades 7-12

Cost: \$85 For Early Bird Registration

\$100 For Regular Registration

Early Bird Deadline: 9/28

Regular Deadline: 10/12

Where: Lake Placid Christian Conference Center, Hartford City, IN

Departure Time: 4:00 PM Friday.

Arrival Time: 2:00 PM Sunday (Estimated).

Get ready for a crazy fun weekend to meet Jesus is a real way and to connect with a community of friends.

What to bring:

Bible
Pen
Notebook
Clothes that can be messy
Toiletries (Deodorant!)
Towel
Bedding and/or
Sleeping Bag
Pillow

What NOT to bring:

Alcohol
Tobacco
Drugs
Pornography
Weapons
Fireworks
Inappropriate attire
Axe Body Spray

We will NOT accept:

Fighting
Going into the opposite
gender's sleeping facilities
Inappropriate displays of
affection

Tear this sheet off and return rest of packet with payment to Pastor Matt



PERSONAL INFO FOR ALL PARTICIPANTS:

Name:: _____ T-Shirt Size:: _____

Address:: _____ Gender:: Male Female

City:: _____ State:: _____ Zip:: _____

Age:: _____ Grade:: _____ Date of Birth:: _____

Cell Phone:: _____ Home Phone:: _____

FOR YOUTH PARTICIPANTS ONLY

Parent/Guardian Name:: _____

Cell Phone:: _____ Home Phone:: _____

EMERGENCY CONTACT FOR ALL PARTICIPANTS

Name:: _____ Phone:: _____

Alt. Phone:: _____ Relationship:: _____

STUDENT STATEMENT OF UNDERSTANDING

I understand the items mentioned above “What not to bring” and “What we will not accept” are expressly prohibited from any LFCN Student Ministry event. Possession of the items or participation in those behaviors will result in the immediate dismissal from the event without refund at the cost of my parents/legal guardians.

Student's Signature:: _____ Date:: _____

Parent's Signature:: _____ Date:: _____



MEDICAL HISTORY

Please list any medical issues ::

Please list any allergies ::

Please list any past surgeries ::

Names of medications and dosage you will be taking ::

Please list any medications you are allergic to ::

INSURANCE INFORMATION

Name of Health Insurance Company :: _____

Policy #:: _____ Phone: _____

Name of Responsible Party:: _____ Phone:: _____

Doctor's name:: _____ Phone :: _____



**Consent for Medical Treatment and
Waiver of Liability**

The undersigned, parents/guardians of _____, a minor, do hereby consent for said minor to attend Lafayette First Church of the Nazarene Student Ministries Fall Retreat, at Lake Placid Christian Conference Center, October 21-23, 2011, and do hereby waive all claims against said person(s) of any injuries that may be sustained by our said minor child and agree to indemnify and hold said person(s) free and blameless from any liability therefore.

We hereby consent and grant the Retreat Director and staff all right and authority to act for us in any manner pertaining to the care and control of said minor child named above during the above referred to period of time. I understand that if an emergency arises, effort will be made to contact me.

In case of emergency, we hereby give permission to the physician, selected by Matt Pollock or another youth worker, to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for our said minor child during the above referred to period of time. We do hereby waive all rights to prosecution against said person(s) should an accident in which our child is involved occur.

(Parent or Guardian Signature)

Primary Phone: _____