



**FOR HIGH SCHOOL AGED YOUTH**

**MEET AT FCC ON FRIDAY, OCT. 12 AT 4:15PM. BRING A SACK LUNCH WITH YOU**

**RETURN TO FCC ON SUNDAY, OCT. 14TH AT 2:30PM**

**COST:\$160 (INCLUDES LODGING, MEALS, AND CONFERENCE COST)**

*Make checks payable to Fellowship Community Church*

**WHAT TO BRING**

A sack lunch for the drive up, Bible, Pen, Warm Clothes, Modest Bathing Suit, Personal Items, Water Bottle, Games (optional), Snacks (Optional), and extra cash for lunch on the way back. Bedding and Towels are provided.

**FALL RETREAT**

*is sponsored by the Evangelical Free Rocky Mountain District*

**SIGN ME UP FOR FALL RETREAT**

By joining us for this retreat, students agree to respect and follow the authority of the group leadership, obey all guidelines for the retreat both stated and implied, respect the rights of others, and attend all group meetings and meals. Students also agree not to bring any fireworks, alcohol, tobacco or drugs. If a student does not comply in these areas, we will not hesitate to call the students parents to come pick up their son or daughter.

Name: \_\_\_\_\_ Student Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Student Email: \_\_\_\_\_

I have an Eleven:18 Minor Participation Waiver & Release on file  yes  no

I hereby give permission for \_\_\_\_\_ to participate in the **High School Fall Retreat to be held October 12-14, 2018 at Crooked Creek Ranch, Fraser, CO.** I do hereby release, forever discharge and agree to hold harmless any participating churches from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature which may be incurred by the participant while participating in said retreat. Furthermore, I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in retreat activities involved therein. I further hereby agree to indemnify any participating churches, their directors, employs and volunteers for any liability sustained by any participating churches as a result of the negligent, willful or intentional acts of said participant. In signing, I do understand and agree that my deposit is nonrefundable. It is also understood that my student will obey all regulations and follow instructions or be sent home at my expense without refund of monies paid.

(parent signature) \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY/HEALTH INFO**

Parent/Guardian Name(s) \_\_\_\_\_

Best number to be reached at \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Best number to be reached at: \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Other information to notify staff of (allergies/other health problems): \_\_\_\_\_

My child has permission to participate in all activities, unless noted. I give permission to medical personnel to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached, I give permission to hospitalize and secure proper treatment for my child as needed.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ (over)