



October 11-13 @Crooked Creek

FOR HIGH SCHOOL AGED YOUTH

Meet At FCC on Friday, Oct. 11 at 4:15pm. bring a sack lunch with you

Return to FCC on Sunday, Oct. 13th 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 hereby give permission for _____ to participate in the **High School Fall Retreat to be held October 11-13, 2019 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: _____