

ADDITIONAL INFORMATION

Retreat is for students in grades 6-12. Students will stay in cabins with at least two youth workers and other students of their same age and gender.

At retreat, there will be combined worship services, group games, great meals, optional afternoon electives including: a 2000 foot dual zip line, paintball, skeet shooting, disc golf, archery, horseback riding, volleyball, basketball, soccer, crafts and board games. Some of these electives will have an additional fee.

We will leave the Student Ministries parking lot on Friday at 4:30 p.m. and return early Sunday evening. Eat before you come or bring dinner to eat on the way.

Quapaw, OK is near Miami, OK. It is a 3-hour drive and we will be taking several charter buses.

As retreat nears we will give you a to-bring list so you can check things off as you pack! We are looking forward to having YOU retreat with us!

Contact Jaci Bounds in the Student Ministries Office at jbounds@bethany naz.org or 789-2050 with any questions or concerns.

bfcstudentministries
part of a lion/lamb community

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Student Ministries

Retreat 2010

@ Sky Ranch-Cave Springs



February 12-14

Cost: \$99

Deadline: Wednesday, February 3

Consent for Medical Treatment and

Waiver of Liability

The undersigned, parents/guardians of _____, a minor, do hereby consent for said minor to attend Bethany First Church of the Nazarene Student Ministries Winter Retreat, at Sky Ranch-Cave Springs, February 12-14, 2010, 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 Chris Pollock, Stefanie Higgins or other youth workers, 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.

Notarize:

(Parent or Guardian Signature)

(Notary Public Signature)

Home Phone: _____

Commission Expires: _____



Mitch Houston Band

Scott Peterson



Student Ministries Winter Retreat 2010 Registration

Name _____

Address _____

City _____ Zip _____

Phone _____ Birthday _____

School _____ Grade _____

Parents names _____

Emergency # _____ Emergency #2 _____

T-shirt size: S M L XL XXL

Cost Information

Registration is due by Wednesday, February 3 and the cost is \$99.

For families with more than one student attending Student Ministries' Retreat a \$10 discount will be given for each student.

Insurance Info and Medical History

Insurance Provider _____

Policy # _____

Date of last tetanus _____ Is student allergic to tetanus? _____

Known allergies/drug reactions? _____

Emergency Contact Info:

Chris Pollock (405) 204-4032 Stefanie Higgins (405) 919-1357

Jaci Bounds (405) 206-5526 Sky Ranch - Cave Springs (580) 542-1547