

FALL RETREAT

October 17-18

Who: Grades 9-12

Location: Sunstream Retreat Center-Ogden, IA

When: Saturday, October 17th to Sunday, October 18th

Cost: \$55 (optional: zip lines \$10 extra)

Registration & Payment Deadline: Sunday, October 4th

NAME _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ CELL PHONE _____
BIRTHDATE ___/___/___ GRADE _____ PARENT/GUARDIAN _____

HOW TO REGISTER & GENERAL INFORMATION

1. Turn in full payment with this form by October 4th. Make checks payable to NEW HOPE ASSEMBLY.
2. Retreat fee covers: transportation, meals, lodging, rock wall, and recreational activities
3. Arrive to New Hope on Saturday, October 17th by 9:00am
Returning to New Hope on Sunday, October 18th by 6:30pm.
4. General Rules
 - A. Students may not leave the Retreat without approval by their parents & Pastor Luke
 - B. No visitors are allowed to the retreat without approval by Pastor Luke
 - C. Students are expected to conduct themselves in an appropriate manner at all times and attend all scheduled functions
 - D. Students are expected to have respect towards adults, students, and all property during the retreat
 - E. Students who misbehave & violate rules, may be sent home with a parent picking them up
5. All prescription medication must be turned in at the time of arrival with instructions
6. Parents/Guardians must complete the Permission / Medical form (located on the opposite side)

WHAT TO BRING: snack to share, sleeping bag & pillow, towel, personal care items, appropriate clothing for the weather, change of clothes for each day, flashlight, Bible & notebook, OPTIONAL: camera

WHAT NOT TO BRING: iPods or MP3 players, cell phones, laptops, electronic games, anything expensive, knives or weapons, fireworks, video cameras, anything to be used for a prank (leave home!)

Check box if you want to use Zip Lines (optional) cost is \$10 extra

I have read and agree to abide by the General Rules

Student Signature



Continue
to back →

Permission/Medical Release Form

New Hope Assembly of God Youth Ministries
6800 Townsend ♦ Urbandale, Iowa 50322

Permission

Date _____

I, _____, the parent/guardian of
_____, do hereby grant permission for the above to attend all activities
of the year with the New Hope Assembly of God Youth Ministries under the supervision of the appointed leaders. I realize that if my
teen refuses to adhere to the rules, I may be called to bring them home immediately.

Does your teen know how to swim proficiently? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Signed _____
Address _____

Phone _____
Emergency Phone _____

Medical Release

I/We, _____, being the parents/legal guardians of
_____, do further give my/our consent for the properly appointed
leader or staff member of the New Hope Assembly of God Church to secure the administration of medical treatment or medication
for the above named child, and I/We do further agree to the performance of such treatment, anesthetics, and operations as the
opinion of the attending physician is deemed necessary for our child.

Date _____ Signed _____

Insurance Company _____ Policy Number _____

BELOW, LIST ANY MEDICATIONS OR TREATMENT THAT SHOULD NOT BE GIVEN TO YOUR CHILD BECAUSE OF DANGEROUS REACTIONS.

_____	_____
_____	_____
_____	_____

Activities Waiver Form

(Zip Lines are optional - cost is \$10 extra)
(Rock Climbing Wall is optional - cost is included)

Minor Liability Waiver

I, _____, as the parent or legal guardian of my child, _____,

Printed name of parent/guardian

Printed name of child

hereby give consent for my child to attend and participate in all activities, including the Climbing Wall and the Zip Lines, provided by SUNSTREAM RETREAT CENTER. I, hereby, voluntarily and absolutely release, discharge, waive, and relinquish SUNSTREAM RETREAT CENTER and its officers, agents, servants, or employees from any and all liability for personal injury or property damage occurring to _____ as a result of he/she observing or using facilities or equipment of SUNSTREAM RETREAT CENTER, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY.

Printed name of child

The undersigned parent/guardian represent that he/she has read this release, and is fully aware of and understands the terms and the legal consequences of the signing of this release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability.

Signature of Parent/Guardian

Date