



***SOULED OUT 2018***

***OCTOBER 19-21, 2018***

**Location:** Riverview Bible Camp  
055324 Concession Road 12, Chesley, ON

**Departure:** 5 pm (Friday, October 19) from Covenant Church

**Return:** 3 pm (Sunday, October 21) to Covenant Church

**Early Bird Cost (by October 8):** \$90 (Includes Sweatshirt)

**Late Registration:** \$100 (Sweatshirt not guaranteed)

**To register, return completed form & payment to Jon or Angie Limmer.**

Things to bring with you:

- Weather appropriate clothing
- Toiletries and towel
- Shoes appropriate for outdoors and games
- Sleeping bag and pillow (It's cold so you might want extra blankets, too!)
- A Bible (if you have one . . . if you don't and you'd like one, let us know.)
- Snacks!!!! (There is no tuck shop this year so bring your own stash)
- Money for a fast food supper on the way
- Friends . . . if they register and pay

## Souled Out 2018 Registration Form:

*If you have not completed a Covenant Youth Ministry 2018/19 registration form,  
it would be ideal for you to do so. It can be found at:*

[www.covenantchurch.ca/ministries/covenant-youth/pages/youth-ministry-registration-page](http://www.covenantchurch.ca/ministries/covenant-youth/pages/youth-ministry-registration-page)

*Information on that annual form will apply for all events throughout the 2018/19 ministry year.*

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

*If you have completed the following on a 2018/19 registration form you do not need to  
complete it below . . . you may skip ahead to the signature section at the bottom of this page!*

Address: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Does your child have any life threatening allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child have any physical, emotional, mental or behavioural concerns or  
limitations that our staff should be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Parent/Guardian Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

In case of emergency (and parent/guardian is unable to be reached, contact:

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

The safety of your child is our primary concern. Precautions are taken for the safety and health of your child. In the event that your child requires special medication, x-rays or treatment, the parents/guardians will be notified immediately. For a complete copy of our child and youth protection policy email a request to [office@covenantchurch.ca](mailto:office@covenantchurch.ca).

I/we, the parents or guardians named above, authorize Pastor Jon Limmer or one of the Covenant Christian Community Church Ministry Staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment treatment or procedures for the participant named above in the event of an emergency and the parents/guardians being unable to be reached.

I/we named above, undertake and agree to indemnify and hold blameless the Pastor, the Ministry Staff, Covenant Christian Community Church, its Pastors and Church Board from and against any loss, damage or injury suffered by the supervising individuals representing the church. This content and authorization is effective only when participating in or traveling to events of the Covenant Christian Community Church.

*I give permission for \_\_\_\_\_ (student name)  
to participate in Souled Out 2018.*

Parent/Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_