

**Rooted 2019 - Jr. High (Grades 6-8) Retreat**

**OCTOBER 4-6, 2019**



Primary registration and payment for the retreat is directly through Camp Kahquah. Please register at [bicyouthcollectivekahquah.campbrainregistration.com/](http://bicyouthcollectivekahquah.campbrainregistration.com/) Registration closes September 27.

AFTER that registration is complete, provide the attached registration form, along with \$10 for transportation, to Jon or Angie Limmer. Financial assistance is available as needed. If required please speak with Jon or Angie or e-mail [youth@covenantchurch.ca](mailto:youth@covenantchurch.ca).

## Rooted Jr. High Retreat 2019 Registration Form:

If you have not completed a Covenant Youth Ministry 2019/20 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 2019/20 ministry year.

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

*If you have completed the following on a 2019/20 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 Covenant Christian Community Church.

I give permission for \_\_\_\_\_ (student name) to participate in Rooted Jr. High Retreat 2019.

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

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