

SOULED OUT 2019 -High School Retreat

OCTOBER 25-27, 2019



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

Departure: 4 pm - or as soon as possible thereafter (Friday, Oct. 25) from Covenant

Return: 3 pm (Sunday, October 27) to Covenant Church

Cost: \$100 (Includes Sweatshirt if registered by Oct. 11) (\$90 for retreat. \$10 for travel.)

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 . . . (who have registered and paid for the retreat)

Souled Out 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

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 again below (unless information has changed) . . . 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.

I/we, the parents or guardians of the child 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 or present. I/we named above, undertake and agree to indemnify and hold blameless Covenant Christian Community Church, its Pastors, Ministry Staff, Screened Volunteers 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 with Covenant Christian Community Church.

I give permission for _____ (student name) to participate in Souled Out 2019.

Parent/Guardian's Signature: _____

Printed Name: _____ Date: _____