

High School

**FALL**

Oct. 30 - Nov. 1

**RETREAT**

Tons of fun! Time with Friends (and make some new ones!) Quality Time with God!

Laser Tag    Bubble Soccer    Night Games    Camp Fires    S'mores  
Team Competitions and Challenges    Small Group Discussions    Game Room  
Gaga Ball    Disc Golf    Kayaking    Canoeing    Fishing    Foosball

Cost: \$110

Fill out the registration form on the back and return **NO LATER THAN OCTOBER 18<sup>th</sup>** with payment.

***Registration is on a first come, first serve basis – Register Today!!***

**\*\*Bring money for dinner on Friday - We will be stopping in St. Cloud on the way!**

Also, students will be asked to bring specific snacks or food items to share with the group. You will receive more information on what to bring when we distribute the packing list.

***We leave Friday, Oct 30<sup>th</sup> @ 5:00pm***

***We arrive back Sunday, Nov 1<sup>st</sup> @ approximately 1:00pm***

**Location: CAMP JIM**

1026 Camp Jim Rd SW, Pillager, MN 56473  
(just 10 miles from Brainerd, MN)

# High School Fall Retreat Registration Form

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

**Cost: \$110** Amount enclosed \$ \_\_\_\_\_

~I would like to contribute to the scholarship fund: Amount \$ \_\_\_\_\_

## Acknowledgement of Risk and Medical Release for Christ Church & Camp JIM

I understand and acknowledge that participation in the camp activities including transportation to and from such activities, entails both known and unanticipated risks of harm which could result in physical or emotional injury, paralysis, death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Christ Church, Camp JIM, and the staff and adult volunteers. I absolve Christ Church, Christ Church volunteer leaders, and Camp JIM personnel from liability. I hereby authorize Christ Church, Camp JIM, staff or adult staff to secure medical treatment for my child/myself (adult) if necessary.

Church Name: **Christ Church**

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

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

City/State/Zip: \_\_\_\_\_

Print Parent/Guardian Name(s): \_\_\_\_\_

Phone #1: \_\_\_\_\_

Phone #2: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_

If Parent/Guardian are not available, please call person below:

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

Relationship to Student: \_\_\_\_\_ Phone \_\_\_\_\_

May we administer over-the-counter-medications: Yes No

(ex: aspirin, Tylenol, Advil, antibiotic ointments, etc)

**ALLERGIES – (FOOD, INSECT, MEDICATION, ETC) OR any other CONCERNS we need to know about.**

\_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_