

# MIDDLE SCHOOL WINTER RETREAT

FEBRUARY 3-5, 2012 AT WARNER CAMP

**WINTER RETREAT IS SNOWBALLS,  
SLEDDING, SKATING, FUN, FRIENDS,  
FOOD, LAUGHS, MUSIC,  
INSPIRING WORSHIP,  
MEANINGFUL TALKS,  
GETTING CLOSE TO GOD,  
MAKING MEMORIES!**



#### WHAT TO BRING:

- Sleeping Bag, pillow, Flashlight
- Winter clothes
- Bathroom stuff (towel, toothbrush, deodorant, etc.)
- Bible
- Optional: ice skates, snowboard, cross country skis
- *No spending money is needed!*

COST: \$75 (\$85 after January 18)

Make Checks payable to: First Church of God.

Check-In at Warner Camp: February 3 | 7:00pm

Retreat ends at Warner Camp: February 5 | 11:30am

**PARENTS PROVIDE TRANSPORTATION  
TO/FROM CAMP.**

DIRECTIONS: Take I-196 north, EXIT at Phoenix Road in South Haven. Turn RIGHT/EAST, go 10 miles. Turn LEFT onto CR 215 as you enter Grand Junction (before the RR tracks). Go one mile. Turn RIGHT over the tracks, go 1/4 mile, turn LEFT. Camp is 1/4 mile.

**Warner Camp: 60 55th Street | Grand Junction, MI 49056**

EMERGENCY PHONE NUMBERS: 269.434.6844 OR 269.434.6714.



KEEP THIS INFORMATION SHEET. RETURN THE REGISTRATION FORM WITH PAYMENT.

For more information: [myfirstchurch.com/middleschool](http://myfirstchurch.com/middleschool) | [jenni.b@myfirstchurch.com](mailto:jenni.b@myfirstchurch.com) | 269.983.1524

# REGISTRATION FORM & MEDICAL RELEASE 2012

*Please fill out this form and turn it in to the church office with your check made to **First Church of God.***

**GENERAL INFORMATION:**

Name (Last, First, Middle)	Grade	Sex	Birthdate (mmddyy)
Mailing Address (City, State, Zip Code)	Home Phone		
Parent(s) or Legal Guardian(s) Full Name(s)	Cell Phone		
Person to contact in case of an emergency	Contact Phone <i>(if different than above)</i>		

**MEDICAL INFORMATION:**

Medications Needed/Used (including psychiatric)			Currently being used?	
<b>Name</b>	<b>Frequency</b>	<b>Dosage</b>	<b>YES</b>	<b>NO</b>
<input type="checkbox"/> Yes, my child may be given <i>(mark which one)</i> : ___ <b>Tylenol</b> (how much do you usually give? ___ ) ___ <b>Advil/Ibuprofen</b> (how much do you give? ___ )			<input type="checkbox"/> No, my child may not be given Tylenol or Advil without calling me first.	

**Amy medications MUST be turned into an APPOINTED leader while participating in this event!  
 You may NOT possess any medication whatsoever while participating in this event.**

Do you have activity restrictions due to a physical challenge or illness? Please explain in detail:

**INSURANCE INFORMATION:**

Health Insurance Company	Policy & Group Numbers	Insured Person's Name

**FAMILY DOCTOR:**

NAME	PHONE NUMBER:

I, parent or guardian of \_\_\_\_\_ do hereby give my consent to any emergency medical or surgical treatment that our Retreat Leaders deem necessary while participating in Winter Retreat 2012.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Name Printed \_\_\_\_\_

Rooming Choice (Please list the name of someone you want to room with) \_\_\_\_\_