

## Medical Release Form (Please Print)

Student's Name: \_\_\_\_\_

List any allergies, required medications, or pre-existing medical conditions:

\_\_\_\_\_

If I cannot be reached, I grant my permission to any doctor or medical personnel to render medical treatment deemed necessary. If needed, you may administer (please circle):

Tylenol      Advil      Aspirin      None

Parent's Signature: \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Policy #: \_\_\_\_\_

(a photocopy of your insurance card would be helpful)

1. I will bring my Bible to each of the worship/bible study sessions.
2. I understand that I may be photographed or videotaped during the retreat weekend. I agree that CrossWalk may display the pic(s) or videotape at Calvary Chapel or on it's website.
3. I will respect those in authority and respect the other youth attending and their property.
4. **CELL PHONES** - To prevent damage or loss we highly recommend leaving cell phones home. **Bring at Your Own Risk.**
5. I agree to stay with the group at all times. Under no circumstances will I leave the group and go off by myself or with others without the permission of an adult servant leader.
6. I will leave the following home: electronic game players, MP3 players, laserpointer, magazines, Ipad/Tablets.
7. I agree that "Lights Out" means it's time to chill, quit talking & laughing & get some rest.
8. Smoking, drinking alcoholic beverages, profanity, and any other behavior that will not honor Jesus is not permitted.
9. Guys are not permitted in the girls assigned area and girls are not permitted in the guys assigned areas.

I understand that by signing my name, I am in agreement with the guidelines listed above. Failure to comply with these rules could result in being sent home and losing the privilege of attending future outings with the group.

\_\_\_\_\_  
Youth Signs Here

**Parental Consent:** I authorize my child to attend the retreat under the above-mentioned stipulations. I also understand that if any of the above rules are broken by my child, I will be notified & may be asked to come and pick him/her up from the retreat.

\_\_\_\_\_  
Parent Signs Here

As leaders, we are accountable to you for all the above behaviors. We are here as your servants and we want to see you have a good time. We are responsible for your safety and the well being of the entire group. As brother/sisters in the Lord, we all need to do our best in serving Him and each other.

not of this world  
JOHN  
17: 15-17

February 14-16, 2014

Refreshing  
Mountain Camp

**CROSSWALK - 2014 Winter Retreat**

## Guest Speakers

### Pastor Joe Focht & Pastor Brian Weed

**I** The retreat is Friday, February 14 until Sunday, February 16, 2014 at Refreshing Mountain Camp - Stevens, PA (717/738-1490).  
www.refreshingmountaincamp.com

**N** This retreat is open to students in 6th, 7th and 8th grade.

There are 300 student spaces. The cost is \$140\* per person which includes:

- F**
  - Accommodations for 2 nites
  - Main Sessions & Activities
  - Coach Bus Transportation

\*Cost for 2 children from the same household- \$245

\*Cost for 3 children from the same household- \$355

**O** We are offering you the option of paying a \$35.00 deposit to hold a spot and paying the balance by February 2nd. After February 3rd, the Retreat Cost is \$150.00

Financial Assistance Needed: You may submit a Scholarship Request Form (available on Sun. 1/5/14) located outside the Jr. High Room. Complete and Return to Gil Trusty

Activities:  
Indoor Wall Climbing,  
Game Room, Bball,  
Crafts, Football, Team  
Initiatives & Zip  
Line Canopy Tour  
Snack  
Shop

What to Bring:  
Bible, Sleeping Bag,  
Towel & Face Cloth,  
Pillow, Toiletries,  
Flashlight,  
Notebook & Pen,  
Warm Clothes  
and Money  
for snack  
shop

Registration Deadline  
February 2nd  
Balance payment due  
February 2nd

Questions: call Gil  
215/969-1520 ext. 238  
or e-mail  
gtrusty@ccphilly.org

Registration will not be accepted without completed Parent Youth Commitment and Medical Release Form on Side 2

Name: \_\_\_\_\_  Male  Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent's Phone: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ E-mail address: \_\_\_\_\_

Roommate Request (one name only or mark "none"): None

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone (list 2): (\_\_\_\_)\_\_\_\_\_ (\_\_\_\_)\_\_\_\_\_

Registration & payment may be mailed or turned in at the church office.

Make checks payable to: Calvary Chapel Philadelphia.

If mailing send to: Calvary Chapel Philadelphia- Attn: Gil Trusty  
13500 Philmont Avenue, Philadelphia, PA 19116

We are offering you the option of paying a \$35.00 deposit and paying the balance by February 2nd. (After February 3rd, the retreat cost is \$150.00)

Mark one:  I am paying the \$35 deposit or  this is the full \$140 payment (after Feb. 3rd the cost is \$150)

Amount Paid: \_\_\_\_\_  Cash  Check # \_\_\_\_\_  Credit

Credit Card Info:

Your name as it is on your Credit Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_