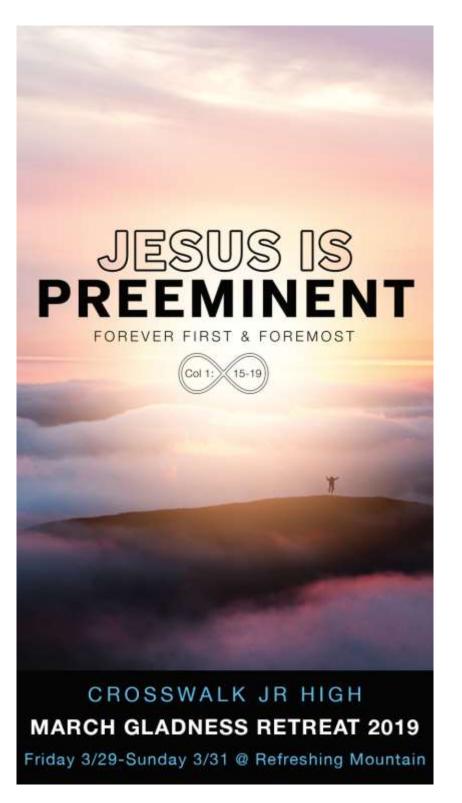
Medical Release Form (Please Print)
Student's Name:
If I cannot be reached, I grant my permission to any doctor or medical personnel to render medical treatment deemed necessary. If needed, you may administer (please circle):  Tylenol Advil Aspirin None
Parent's Signature:
Health Insurance Co.
Policy #:(a photocopy of your insurance card would be helpful)
2019 March Gladness Retreat Parent & Student Release
As parent/legal guardian of, have read the Student Behavior Commitment and give my permis sion for the above subject of this release to be involved in the MC retreat weekend activities.
I have reviewed the rules of the retreat and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for disciplinary vio lations, it will be at my/our expense.
I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the winter retreat to be used, distributed, or shown as CrossWalk Jr. High Ministry or Calvary Chapel Philadelphia sees fit.
I understand that reasonable safety precautions will be taken by CrossWalk & Refreshing Mtn. Camp and its agents during the retreat activities. I understand the possibility of unforeseen hazard and know the inherent possibility of risk. I/We agree not to hold CrossWalk, Calvary Chapel Philadelphia & Refreshing Mtn Camp, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.
Parent/Guardian Signature:
Student Signature:
Data:

#### **Student Behavior Commitment**

- 1) I will pack & bring my Bible to each of the worship/bible study sessions.
- 2) I will respect those in authority and respect the other youth attending and their property.
- 3) CELL PHONES- To prevent damage, distraction & loss, I agree to leave my cell phone home.
- 4) 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.
- 5) I will unplug & leave the following home: All electronic devices for gaming/entertainment such as: Ipad & other Tablets, Game Players, IPod Touch, MP3 players, mini DVD player, & laser pointers.
- 6) I agree that "Lights Out" means it's time to chill, quit talking & laughing & get some rest.
- 7) No Place for: Smoking, drinking alcoholic beverages, profanity, and any other behavior that will not honor Jesus.
- 8) Guys are not permitted in the girl's assigned areas/ rooms & Girls are not permitted in the guys assigned areas/rooms. Disregard & disobedience will result in student being sent home. Parent/ Guardian will be responsible to come and take student home.
- 9) 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 its website.

By registering, you agree to be bound by the terms of Calvary Chapel of Philadelphia's Resolution on Participation in Church Activities found at www.ccphilly.org/church-activities-resolution/. If you do not have internet access, you may obtain a copy of the Resolution on Participation in Church Activities from the church office.



# **Speakers: Pastor Joe Focht & Scott Greenberg (CC Boston)**

The retreat is Friday, March 29 until Sunday, March 31 at Refreshing Mountain Camp in Stevens, PA (717/738-1490) www.refreshingmountaincamp.com

This retreat is open to students in 6th, 7th and 8th grade. There are 250 student spaces. The cost is \$160\* per person which includes:

- Accommodations for 2 nights
- 6 Meals
- Main Sessions & Activities
- Coach Bus Transportation

\*Cost for 2 children from the same household is \$290

\*Cost for 3 children from the same household is \$440

We are offering you the option of paying a \$60.00 deposit to hold a spot and paying the balance by March 17. After Friday, March 23, the cost per student is \$175.00

### Students are to leave cell phones home.

Financial Assistance Needed or questions: Contact Gil Trusty 215/969-1520 ext. 238 gtrusty@ccphilly.org

#### Activities:

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

## Balance payment due March 17

MEDICATION(S): If your child is to take or receive any prescription or over the counter medications (Tylenol, Motrin, etc.), & you'd like one of our nurses to administer it, please give us written directions at check-in for administering it. If your child is responsible to take their own medication please give us a note to that effect.

#### WHAT TO BRING/NOT TO BRING

Don't bring:

CELL PHONE & any clothes, boots, or sneaks that will "upset" you if they get wet or dirty. An ounce of prevention is worth more than a pound of cure.

Bring:

Bible (paper rather than electronic)

2-3 Ink Pens

Boots/Sneaks for outdoor activity/sports

Towel/wash cloth

Personal hygiene-type items

Flashlight

Warm clothes (gloves, hat, scarf...bring extra in case they get wet)

Comfortable, casual clothing

Sleeping Bag/Pillow in trash bag-Plastic bag for laundry/damp stuff

SATURDAY FREE TIME CLOTHING: PLEASE SEND PLAY CLOTHES THAT CAN BE DISPOSED OF IF MUDDIED DURING FOOTBALL, TEAM INTITIVES OR PLAYING ON THE HILL. OUR GOAL IS TO PREVENT DIRTYING CARPET, BUNKS OR OTHER'S PROPERTY

No boy/girl coupling or pairing up will be tolerated. NBC (No Body Contact of the Romantic Kind), which includes public & private displays of affection such as hand holding, full body hugs, kissing and the like. Our desire for each student during this special weekend is focus on Jesus, fun with friends, feasting & fellowship together as the family of God.

#### **Buses & Info Letter:**

Buses depart from Calvary at 2:15pm on Friday, March 29 Buses return to Calvary at 3:45pm on Sunday, March 31 The parent/guardian retreat info letter will be available on our website on Wed. 3/21/19 (crosswalk.ccphilly.org)

Registration will not be accepted un	less botl	n sides a	re completed	
Name:	_ □	Male	☐ Female	
School:	Grade:			
Home Address:				
City		State	Zip	
Parent #: Stud	dent #:_			
Date of Birth:// E-mail:				
Roommate Request (one name only	y or circ	le "none	e"): None	
Emergency Contact Name:				
Emergency Contact Phone (#1): ()				
Emergency Contact Phone (#2): (_	)			
Registration & payment may be machurch office. Make checks payab Philadelphia. If mailing send to:				
Calvary Chapel Phi Attention: Gil Trus 13500 Philmont Av Philadelphia, PA 1	ty enue	a		
We are offering you the option of pring the balance by Sunday, March student is \$175)  Mark one:  I am paying the \$60 depoint of the principle is \$160 depoint.	17. (Af	ter Marc	ch 23, cost pe	
Amount Paid: Cash		Check #	#	
☐ Credit Card Information	t			
Name on your Credit Card:				
Credit Card #	F	Exp. Dat	e:	