

Youth
middle school

WINTER RETREAT

@ ARROWHEAD BIBLE CAMP

FRIDAY, FEBRUARY 1 TO
SATURDAY, FEBRUARY 2, 2019

Leaving Friday @ 5:30pm from Hayward Wesleyan
Returning Saturday to Hayward Wesleyan around 8:30pm

GRADES 6-8

Things to bring: warm clothes for both inside and outside, sleeping bag, pillow, warm blankets, toiletries, towel, Bible, pen, journal

About the cost: so the trip will cost \$55, but we want everyone to participate regardless of ability to pay the full amount or not... so if you can pay \$55, great... if not, please select the amount below that you can afford and Hayward Wesleyan will subsidize the rest!

\$55

Please register by:
Friday, January 25

Circle one: \$5 \$10 \$15 \$20 \$25 \$30 \$35 \$40 \$45 \$50 \$55

student information

Please fill out this form completely and provide a signature.

student name

grade gender date of birth

permission and release
I give permission for my child to participate in this activity. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. In the event disciplinary action need to be taken against my child due to inappropriate behavior or misconduct, I understand that any expenses incurred will be the responsibility of the parent or guardian of the child.

media release
I grant to Hayward Wesleyan Church, its representatives and employees the right to take photographs of me and my property in connection with the above identified subject. I authorize Hayward Wesleyan Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hayward Wesleyan Church may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

parent's names

address

city state zip code

Phone(h) phone (c)

email

parent's signature

date

medical release

In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.