



# Youth Winter Retreat



“I have found David... a man after My own heart.” - God

The shepherd boy who conquered Goliath, became a hero, a fugitive, and then God's chosen king. What can we learn from his life?

**Who:** Grades 6-12

**What:** To get alone with God, enjoy fellowship, learn from the life of David, and have some snow fun!

**When:** 9:00AM, February 18<sup>th</sup> (Sat) – 4:00PM, 20<sup>th</sup> (Mon, holiday)

**Where:** Drop off and pick up at church (2815 SE Pine St., Albany). We will be staying at Clear Lake Resort (60700 Hwy 126, Sisters, OR).

**Cost:** \$65 – For lodging (cabins), transportation, food, inner tubing @ Hoodoo, etc. Deposit of \$30 due on January 26<sup>th</sup> (Wed). The remainder to be paid by February 18<sup>th</sup>. Partial scholarship may be available. Please ask Tak.

**Contact Info:** 541-231-3528 (Tak cell)

**Behavior:** The parents may be asked to come and pick up their child if the child continuously misbehaves.

## What to bring:

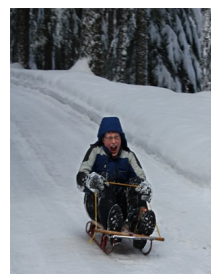
- Permission slip
- Any medication the child needs to take (please talk to us beforehand)
- Shoes suitable for walking in snow (snow pants recommended)
- Enough outdoor-type clothing for a 2-nighter (with some extra)
- Sleeping bag or bedding
- Durable mug
- Flash light
- Personal hygiene items (tooth brush, shower items, etc)
- Jacket (warm enough for snow weather)
- Bible (NKJV)
- Towels

## Optional:

- Sleds, snow shoes, etc
- Sleeping cot or air mattress (some of us need to sleep on the floor)

## What NOT to bring:

- Music player, video games, and other electronics
- Cell phone





**February 18-20<sup>th</sup> , 2012**

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

***If participant is under 18 years of age, Calvary Chapel requires a parent's or legal guardian's signature prior to participation in this weekend activity.***

RELEASE OF LIABILITY. PLEASE READ CAREFULLY BEFORE SIGNING.

**Participant assumes full responsibility for risk and liability.**

**I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHERS, AND I ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION IN THIS ACTIVITY.**

I hereby agree to release Calvary Chapel Albany, its agents, officers, and/or employees, from any and all liability for injury, damage, or death to myself or to any other person which may arise as the result of participating in this activity.

**Medical Services Agreement.**

**IN CASE OF INJURY OR DAMAGE, I HEREBY GIVE PERMISSION TO THE REPRESENTATIVES, AGENTS, OR OFFICERS OF CALVARY CHAPEL OF ALBANY TO SEEK THE CLOSEST MEDICAL TREATMENT FOR ME AND I AGREE TO TAKE FULL RESPONSIBILITY TO COMPENSATE MEDICAL CARE GIVERS.**

**Binding Upon Heirs, etc.**

**I UNDERSTAND THAT THIS CONTRACT IS LEGALLY BINDING UPON ME, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES.**

**I the undersigned, have read, understood and voluntarily agree to the above. I also agree to immediately come and (or arrange for) pick up the child even before the end of the event at a youth ministry staff's request (for bad behavior, attitude, etc).**

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If the above named person is a minor, signature of parent or legal guardian is required)

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In Case of Injury...  
Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Emergency Ph #: \_\_\_\_\_