

REGISTRATION FORM

SHARED



JR HIGH RETREAT Feb. 6-8th, 2015

WHAT TO EXPECT

There will be General Sessions throughout the weekend that will include multimedia, games, and interactive teaching by Matt Vincent. Worship will be lead by FM Reset out of Belleville, Ontario and fan-favourite breakdancer Jeff Goring will make his 12th appearance at Jr. High Retreat! Your registration includes access to the Waterpark all weekend long!

BRING

Personal stuff, any prescription medications, Bible, pen & notebook, gym clothes, bathing suit and extra money for snacks.

INFO FOR PARENTS / GUARDIANS

The Jr. High Retreat is an annual province-wide youth retreat for students in grades 6-8 sponsored by BIC Canada. It will be held in Niagara at Americana Waterpark & Resort. Each person attending must be registered with a church group and therefore registrations must be sent in by the youth leader. Each group is responsible for having one adult leader for every 7 youth. Youth are directly accountable to their own adult leaders. The registration fee includes accommodations and 4 meals. The retreat begins with registration at 7:00 pm on Friday and concludes before lunch on Sunday.

ACCOMMODATIONS

You will be staying in hotel rooms. There will be four people in each room. Rooming lists will be organized by your youth leaders so talk to them if you want to room with a friend. Guys will be staying in areas designated for guys and girls will be staying in areas designated for girls. Youth leaders will be caring for their own students and assisting with general hall duty.

Makes cheques payable to your own church.
For more info or any questions you may have, talk to your leader.

After you have completed the following information, please give this form and your money to your youth leader.

Church Info:

Church Name West heights Youth Leader Name Christina Main

Personal Info:

Name _____ Student _____ Leader _____ Age _____ Gender: M F
 Address _____ City _____ Postal Code _____
 Phone # _____ Cell Phone # (if applicable) _____
 Allergies: _____ Medications Being Taken: _____
 Physical Disabilities or Limitations: _____

Registration Fees:

- Regular Rate (form and money to your youth leader before Jan. 4/15).....\$150.00
- Late Rate (form and money received after Jan. 4/15).....\$160.00
- T-Shirt Size (adult sizes): S M L XL XXL

(If you want a retreat t-shirt, please check the box, circle the size and add \$12 to your registration total).....\$12.00

Transportation Fee (a rate set by your church).....\$ 10.00

Total.....\$ _____

All registrations cancelled after Jan. 4th will not be refunded. Sorry, we will get charged by the hotel.

Student Cooperation Agreement:

We're glad you're coming to the Jr. High Retreat this year and we hope you'll have a great time, meet new friends and learn more about your relationship with God. To keep things enjoyable for everyone, we have a few very simple rules for you to remember and live by:

1. Be respectful of others and their property. If you break something, you pay for it.
2. Alcohol, drugs, tobacco, fireworks, and weapons are not permitted.
3. Attendance at all scheduled events is mandatory.
4. Do not leave hotel property without your youth leaders.

Note that iPods, cell phones, etc. are sometimes the target of theft or damage. Better to leave these at home.

I have read the above Cooperation Agreement and, by signing below, agree to abide by it. I understand that if I do not abide by these standards, my parent(s) will be notified and I may be sent home.

Student Signature: _____

Parental Agreement:

I give my permission for the above named student to join the Jr. High Retreat and participate in all group activities. I hereby release all organizers of this event and the local church with which my child is traveling, all staff and group sponsors from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this retreat, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of Ontario where the services are rendered. I expect to be contacted as soon as possible in this event.

Signature of Parent or Guardian: _____

Date Signed: _____