

sr. high *(re)treat*

WHY ANOTHER RETREAT?

We think that teenagers live incredibly busy lives. Between trying to stay on track for college or university, part-time jobs, extracurriculars, their friends, their hobbies... It can all get to feel like too much!

We believe this retreat is (part of) the answer to all that. It's a retreat - literally. Away from stress, away from loneliness, away from feeling tired all the time. We think God wants us in those spaces where we can just breathe and be defined not by what we do but by who we are. And who we are words like: love, incredible, set aside, masterpieces.

So that's why we think it's important to be together, to be alone, and to be with God. To escape the everyday and rediscover a scared space in our lives.

WHAT TO EXPECT

- Hiking, campfires, all sorts of woody stuff
- Time with your friends
- Creative and stretching spiritual exercises
- Sleep, and alone time
- Good food
- Movie night and discussion
- Get to know your adult leaders better

WHAT TO BRING

- Sleeping bag & pillow
- Seasonally appropriate clothes for two days
- Towel and bathroom stuff
- Bible (if you have one)
- Raincoat and good outdoor shoes
- Board and/or card games

Please Note - We are asking students to avoid, if at all possible, bringing their phones and other electronics this weekend.

REGISTRATION SHEET

First Name: _____ Age: _____

Address: _____

Parent'/Gaurdian's Primary Phone Number: _____

Student's Email: _____ Parent's Email: _____

Allergies/Medical Concerns: _____

Name of Family Doctor: _____ Doctor's Phone Number: _____

Regular Rate **\$100** (before September 18th) Late Rate **\$120** (after September 18th)

AGREEMENT

I give permission for my child to attend the **Westheights Sr. High Fall Retreat from September 25-27th, 2015** and participate in all group activities

Precautions are taken for the safety and health of your child, but in the event of accident or sickness, Westheights Community Church, its staff, and its volunteers are hereby released from any liability. In the event that your child requires special medical attention, x-rays or treatment, parents/guardians will be notified immediately. In case of surgical emergency, I hereby give permission to the physician selected by the church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named on this form.

Signature of Parent/Guardian: _____ Date Signed: _____

Emergency Contact Name (Not the Parent Above): _____ Phone Number: _____