

# A Camping Retreat for Youth Groups THE WEEKEND

May 24-26, 2019 at Rivers Edge Camp



**GROUP INFO:**

Group/Church Name: \_\_\_\_\_ Group Leader Name: \_\_\_\_\_

**PERSONAL INFO:**

Full Name: \_\_\_\_\_ Student  Leader

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Card #: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications Being Taken: \_\_\_\_\_

Physical Disabilities, Limitations, or Recent Illness: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**RETREAT FEES: (Choose One Rate)**

- Registered before April 26 ..... Tent \$145 or Cabin \$160
- Registered after April 26 ..... Tent \$160 or Cabin \$180

**STUDENT COOPERATION AGREEMENT**

To keep The Weekend enjoyable for everyone, we have a few simple guidelines for you to follow:

1. Be respectful of others and their property. If you break something, you pay for it.
2. Alcohol, drugs, firecrackers, and weapons of any kind are not permitted on the campground.
3. Be back in your area of accommodation and quiet by lights out.
4. Do not leave the grounds without permission from your group leader.
5. Leave your valuables at home. We are not responsible for lost or stolen property.

I have read the above Cooperation Agreement and agree to abide by it. I understand that if I do not abide by these standards, my parent(s)/guardian(s) will be notified, and I may be sent home. I also agree that any video or photos of me by event staff may be used for promotional purposes for the event.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Parent/Guardian Printed: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Emergency Contact Name (only to be contacted if parents are unavailable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_