

# ELEVATION RETREAT

August 5th-7th 2011  
Friday 1:00 PM - Sunday 12:00 PM

Grades 8-12 (2011-2012)

\$50

Registration and payment is due Thursday 4th of August.

All students interested in being a part of our students leadership program should attend this retreat. The retreat is not required to be part of Elevation, but is highly recommended. It is however expected that anyone who attends the retreat will be a part of Elevation unless unforeseen circumstances come up after.

We will spend the weekend in community, preparing our hearts and minds for leadership this semester. We will also spend some time planning events and activities.

We will be camping for the weekend. The weather will be unpredictable so plan accordingly.

## **Packing list:**

Clothes for 2 days in the mountains.  
Rain jacket/Poncho  
closed toe shoes  
sandals of some kind  
swimsuit  
towel  
Sleeping bag  
sleeping pad (if desired)  
pillow  
Flashlight

sunscreen  
bug spray  
water bottle  
Bible  
Journal/Not book (if desired)  
Camp chair with your name on it (if desired)  
Do not bring: anything illegal, knives, or anything inappropriate for youth group.

## Elevation Retreat

### Registration/Permission and Medical Release

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

DOB \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_

### Emergency Information:

Parent/Guardian \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Mother's Cell # \_\_\_\_\_

### Insurance Information

Name of Insured Parent \_\_\_\_\_ Employer \_\_\_\_\_

Group Number \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Health Information:

Please list any health conditions such as heart disease, diabetes, epilepsy, asthma, severe allergies, eye or ear problems, eating disorders or any chronic conditions, etc.:

Explanation:

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I/We give my permission for the subject of this release to be involved in the overall activities. In the unlikely event of an emergency, I give my permission for my child to be treated by an accredited physician in an approved emergency clinic or hospital. I authorize the church and it's teachers and representatives or other qualified persons to administer such first aid or other minor medical treatment, including over the counter medications, that shall be deemed best under the circumstances.

I/We understand all reasonable safety precautions will be taken at all times by South Suburban Christian Church and its agents during the event and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold South Suburban Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form in the event of any accident en route, during and returning from the activity.

I/We consent to the use of any video, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the event/activity to be used, distributed or shown as South Suburban Christian Church sees fit.

I/We understand that the students failure to obey church staff and volunteers may result in dismissal from the mission trip. The parent or guardian will be contacted and will be asked to pick up their student in Laramie WY.

PARENT/GUARDIAN SIGNATURE

DATE \_\_\_\_\_

STUDENT SIGNATURE

DATE \_\_\_\_\_