

REGISTRATION

Name: _____

Address: _____

City: _____

Postal Code: _____

Care Card #: _____

I would like to share a room with: _____

Church (if applicable): _____

Gender: M F

Age: _____

Birthdate: DD/MM/YYYY _____

Please circle your t-shirt size

Adult: S M L XL XXL

Total cost for this weekend is \$140 (tax exempt) plus dinner on the Friday. You can either pack dinner or bring money for fast food.

Submit your registration and payment to the youth office. Cheques are to be made payable to North Langley Community Church.

All registrations are due March 1, 2019.

← Turn over to complete.

HOW TO REGISTER

Submit your registration form and \$140 to the Youth Office. **All cheques are to be made payable to North Langley Community Church.** Payment is non-transferable. If you have any questions, email Ellen at ellenc@nlcc.ca.

All registrations are due **March 1, 2019.**

CHECK-IN:

Friday, April 5th, 5 pm at WG Campus

CONCLUDES:

Sunday, April 7 at 2:00 pm at WG Campus

WHAT TO BRING:

- | | |
|---|---|
| Sleeping Bag | Bible |
| Pillow | Money
<i>(for General Store)</i> |
| Warm Clothes
<i>(that can get dirty)</i> | Donations for
Cyrus Centre |
| Extra Shoes | Skateboard or Scooter
and helmet
<i>(for Skate Comp)</i> |
| Swimsuit | |
| Toiletries | |
| Towel | |

Do **NOT** bring valuables!

www.stillwood.ca
604-858-6845
1-800-507-8455

44005 Watt Road, Lindell Beach, BC V2R 4X9

STILLWOOD
CAMP AND CONFERENCE CENTRE



SKINÉ

2019

MIDDLE SCHOOL
RETREAT
APRIL 5-7, 2019



ACTIVITIES

- 📌 Archery
- 📌 Gym Games
- 📌 Night Games
- 📌 Skate Competition
- 📌 Sky High Adventure
- 📌 Camp-Wide Games
- 📌 Climbing Walls
- 📌 Zip Lining
- 📌 Hot Tub
- 📌 Fooood



Dynamic speaker, Great worship. Lots of food. Exciting activities. These are the trademarks of **SHINE**, but what makes **SHINE** a weekend you'll never forget is you. We guarantee you've never experienced anything like it!



CONSENT TO TREATMENT AND LIABILITY RELEASE

I hereby give permission for my child to participate in the retreat, April 5-7, 2019. I hereby give Stillwood Camp the authority to act on my behalf in the case of an emergency and to authorize treatment for my child if necessary. Parents will be notified. Understanding that I am financially responsible, I hereby release Stillwood Camp and its staff for all claims and damages arising from any accidents or injury caused by my child's participation in the retreat.

Camper Information

Camper's Name: _____
 Parent 1: _____ Phone: _____
 Parent 1: _____ Phone: _____

Signature of Parent/Guardian: _____

The following health conditions, food allergies, physical impairments and medical requirements and/or other conditions may limit full participation in the retreat and are made known to any physician attending to the above named participant.

Alternate Emergency Contact (other than parent)

Name: _____
 Phone: _____

Date: _____

Turn over to complete. ➡

Youth Ministry REGISTRATION / WAIVER

Student Information

Student's Name: _____

Home Phone: _____

Cell Phone: _____

School: _____

Email: _____

Age

Grade

Parent Names: _____

Student's Birth Date: _____

Care Card #: _____

(mm / dd / yyyy)

Doctor's Phone

Doctor's Name: _____

Number: _____

I give my permission for the above-named child to join:

Name of Ministry: NLCC Middle School Ministry for the Shine Retreat event on the dates of April 5th to 7th, 2019. I understand that the group will be travelling by van, car, or bus for portions of this event. I hereby release NLCC, its staff and volunteers 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 any adult leader of this activity, 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 the state where the services are rendered, either at a doctor's office or in any hospital. I understand that I will be contacted as soon as possible in the case of an emergency.

Likewise, I understand that pictures and videos may be taken during this event, and I give my consent and release North Langley Community Church and its staff and volunteers to use media that includes the above-named child's image and voice in the North Langley Community Church web page and subsequent related materials without remuneration. I hold the church harmless if my authorization leads to unanticipated outcomes.

Signature of parent or legal guardian:

Signature Date:

Print name of parent or legal guardian:

Student Signature:

Student Printed Name:



MEDICAL / EMERGENCY CONTACT INFO



This information will be kept confidential.

Do you have any medical conditions we should be aware of? If so, please explain.

Yes

No

Do you take prescription drugs we should be aware of? Please specify.

Yes

No

Do you have any allergies? Please specify.

Yes

No

IN THE CASE OF AN EMERGENCY, PLEASE CONTACT: (Be sure these contacts are available during the event.)

Name:

Relationship to Student:

Home Phone

Cell

Name:

Relationship to Student:

Home Phone

Cell

I declare by my signature below that all information is correct and I have disclosed all known medical conditions.

Parent Signature

Signature date:

NLCC'S STUDENT EXPECTATIONS & CONDUCT

By participating in this event you agree to abide by the following standard of conduct for the duration of the event:

- You must remain in the areas designated for use at any given time
- When we're outside the church building (or other event facility), you must always use the buddy system—never wander off alone!
- No PDA (public displays of affection)
- There are to be no fireworks, knives, or other weapons or dangerous items brought to this event. If we find out you have them, NLCC staff or volunteers will confiscate them for the duration of the event and notify your parents.
- There is to be no smoking, no alcohol, and no illegal drugs of any kind.
- If you have any concerns or issues about this code of conduct, please contact NLCC youth staff.

Student Signature:

Student Printed Name: