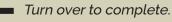
REGISTRATION

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.I			

All registrations are due March 1, 2019.



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 nontransferable. 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 Pillow Warm Clothes (that can get dirty) Extra Shoes Swimsuit Toiletries Towel

Bible Money (for General Store)

Donations for Cyrus Centre

iletries Towel (for Skate Comp)

MIDDLE SCHOOL

APRIL 5-7, 2019

RETREAT

Do **NOT** bring valuables!

www.stillwood.ca 604-858-6845 1-800-507-8455 44005 Watt Road, Lindell Beach, BC V2R 4X9







- Archery
- **Gym Games** \Box
- **Night Games**
- **Skate Competition**
- **Sky High Adventure**
- **Camp-Wide Games**
- **Climbing Walls**
- **Zip Lining** \Box
- Hot Tub Γ
- Fooood Γ



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

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

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Camper's Name:		Nam
Parent 1:	Phone:	Phor
Parent 1:	Phone:	

Turn over to complete.

Alternate Emergency Contact (other than parent)

Name:	Phone:	
	Phone:	

Signature of Parent/Guardian:

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

Date:



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:

HSM	MEDICAL / EMERGENCY CONTACT INFO	o n	nsm
Do you have a	<i>This information will be kept confidential.</i> any medical conditions we should be aware of? If so, please explain.	Yes	No
Do you take p	rescription drugs we should be aware of? Please specify.	Yes	No
Do you have a	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: