

Youth Retreat Application
North East Region
October 27th, 28th, and 29th.

Name: _____ Age: _____

Birthday: _____ Shirt size: _____ Gender: _____

Address: _____

Telephone: (_____) - _____ - _____

Local Church: _____

- Rules for acceptance or participation in this program are without discrimination based on sex, race, or national origin -

I understand that I am agreeing to abide by all rules and regulations of the youth retreat. If I break any rules, I understand that I am subject to disciplinary correction, even to the point of being expelled from the camp.

Camper Signature: _____

Parent/Guardian Signature: _____

Youth Retreat begins at 5pm, check in is from 12-3pm in the main building.

Youth Retreat ends at 12pm. Please be prompt in picking up your youth.

Youth Retreat dates are Friday, October 27th, 2016 at 5pm - Sunday October 29th, 2016 at 12pm.

Tuition is 65\$ per person.

This includes all lodging, meals, snacks, a camp shirt, and photo.

Make checks payable to:

The Church of God

Mail Applications to:

Rachael Guglielmi

200 albert Avenue

Monongahela, PA 15063

(724) - 379 - 4947

CAMPER'S HEALTH FORM

In case of emergency, notify: _____
Address _____
Home phone _____ Emergency (2nd) phone _____

HEALTH HISTORY

If you have had any of these conditions, please check and give details below:

___ Rheumatic Fever ___ Seizures ___ Fainting ___ TB
___ Diabetes ___ Kidney problems ___ Heart Trouble ___ Asthma ___ Poison
Ivy or Oak ___ Mental Illness ___ Sleep Walking ___ Allergies

Details to any items checked above:

Prescriptions currently taken? Please list name and dosage (to be overseen by the camp nurse). _____

Please Note: When you sign below, you are giving permission for your camper to receive their medications during camp.

Signature: _____

Any specific activities (e.g., swimming) to be restricted?

IN CASE OF MEDICAL EMERGENCY: I understand an effort will be made to contact the parent or guardian of the camper. In the event I cannot be notified, I understand that if an accident should occur, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named.

Parent/Guardian Signature: _____ Date _____

CAMP RULES

The following rules apply to the campers, camp staff, and parents of campers.

1. The following clothes are NOT acceptable at any time: tank tops, or T-shirts with profane words or pictures. Lower garments (e.g., shorts, capris) should cover the knees.
2. To the nightly church services, girls should wear dresses, or skirts, and tops with sleeves. Boys should wear jeans or slacks.
3. No one is to leave the camp grounds without the permission of the camp director or the camp deans.
4. Every camper is expected to stay within the boundaries.
5. Everyone is to be on time for all activities.
6. Campers will help clean the dorms with their counselors.
7. Campers are not permitted in the kitchen.
8. Girls are to wear a cover over their bathing suits when traveling between the swimming area and their dorms.
9. Do not bring any items that are not related to camp activities, for example, mp3 players, play stations, etc.
10. Do bring your Bibles!
11. Cell phone usage (calls, text messages, etc.) are not permitted in the classrooms or evening services. You will have designated times when you may make your personal calls - namely, after each meal, and during break times.
12. We ask any parents wishing their children to contact them during camp to respect the above rule regarding cell phone usage.
13. Respecting the privacy of our campers and staff is important; consequently, the use of cameras (including those on your cell phones, etc.) is not permitted where privacy is expected, for example restrooms and at the swimming pool.

We want to have a good time in the Lord, and to have fun and fellowship in the youth retreat activities.

ENJOY YOUTH RETREAT!

James Smith, Overseer