

Hey! You're coming to a NABEA Youth Retreat

Here's some stuff you need to know

where is the retreat?

Ryerson Camp in Vittoria Ontario

what to bring:

Sleeping Bag
Pillow Towel & face cloth
Toiletries (like shampoo, soap, deodorant)
Toothbrush and toothpaste
Dress according to the weather (cooler nights)
Bible
Stuff for any activities
Camera
Your leader!

what not to bring:

Ghetto Blasters
CD/MP3 Players/Ipods
Compact DVD Players
Cell Phones
Alcohol
Drugs

other stuff you will need to know

1. If this is your first time at the retreat, you'll have a blast! You'll meet new people, get to know your friends a bit better, and learn tons about God.
2. Try to get some sleep on the weekend! You'll be in rooms with your friends and a leader.
3. Sessions in the chapel are mandatory – meaning – you have to be there unless your leader gives you permission to miss.
4. It's going to be an awesome weekend! See you there!

Eastern Association of the North American Baptist Conference

www.nabeastern.homestead.com

www.nabconference.org

AUTHORIZATION AND MEDICAL CONSENT FORM

For the year 20__/20__

Participant Name _____

Address _____

Phone # _____ Date of Birth (M/D/Y) ____/____/____

Family Doctor _____ Allergies _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? If yes, please explain. _____

Is your child bringing any medication with him/her? If yes, please list: _____

Parents'/Guardian Name _____

In case of an emergency, contact _____

The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the parents or guardians named above, authorize _____ (Pastor) or one of the _____ (Name of church) Ministry Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless _____ (Pastor), the Ministry Staff, _____ (Name of church), its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the _____ (Name of church) as well as of any medical treatment authorized by the supervising individuals representing the church.

This consent and authorization is effective only when participating in or traveling to events of the _____ (Name of church).

Parent/Guardian Options (choose one of the following options):

1. I have read, understood and agree with the above and sign it to cover all Student Ministry activities for the program year effective as stated below.
Signature _____ Date _____
Effective from date signed through _____

2. I have read, understood and agree with the above and sign it to cover only the activity listed below. Activity _____
Signature _____ Date _____