

Genesis Church Youth Retreat

February 26-28, 2010

Sunnyhill Adventures Camp Dittmer, MO

Cost: \$60 if registered by February 21, \$70 after February 21

Why a Retreat?

Getting away for a few days with friends and other teens can be a great experience. During this retreat, students will have a lot of fun, but it will also give us a chance to challenge them in their faith. We have a great speaker coming for the weekend, and our Genesis Band is going to lead worship. We also have some of our college-age students hanging out over the weekend. Students will grow closer to each other and closer to God. We wanted to provide this sort of experience to give our students a weekend together, and give them a terrific event for inviting their friends.

Where and What is Sunnyhill?

A great campground in the woods around Dittmer, which is only about thirty minutes away. Genesis Church's own Brian Brasher is the Assistant Camp Director and has set everything up for us. It is a great setting, and our kids will love it.

Schedule

Friday
5:00 PM - Meet at EHS Parking Lot
Dinner
Worship
Small Group Study #1
Late night fun

Saturday Morning
Breakfast
Small Group Study #2
Worship
Lunch
Small Group Study #3
Free Time
challenge ropes course
Dinner
Worship
Small Group Study #4
Lat night fun

Sunday Morning
Breakfast
Come to Genesis for morning worship

Parents Needed

We are doing everything we can to keep the cost of this retreat down. To make that possible, we need teams of parents who will come out and volunteer to prepare one of the meals. Cost of the meals is covered, so it won't add any out of pocket expenses, but this allows us to hold the retreat without hiring cooks. We will prepare the menu. We need three teams, one each for Friday dinner, Saturday lunch, and Sunday dinner. Please help us out by serving for one of these. Contact Mike Hubbard at mikehubbard@genesiseureka.com to let us know when you can help.

Event: Youth Retreat at Sunnyhill

Event Date: February 26-28

Personal Health History / Medical Release Form

| Name | | _ | Date o | of Birth | | Ag | e | |
|--|---|---|--|--|--|---|---|--|
| Name of Parent or Guardian | | | | | | | | |
| | | | | | | | | |
| | | | City _ | | | | | |
| Check all items that app | oly, past | or present | t, to your health history | /. Explain any | "Yes" answ | ers. | | |
| Allergies: Food, medic | ines, ins | ects, plant | ts Yes 🗆 No 🗆 | Explain: | | | | |
| | | | | | | | | |
| General Information: | | No | Camuulaiana <i>l</i> a | ! | Yes | No | | |
| Asthma Cancer/leukemia | | | Convulsions/s Diabe | seizures etes | | | | |
| Asthma Cancer/leukemia Heart trouble High blood pressure | | | Hemo Kidne | seizures etes philia ey disease | | | | |
| List any medications to | | | | | | | | |
| List any physical or bel | | | | | | vent: | | |
| | | | that may affect of min | - | | vent. | | |
| Is this youth free from a | | | | | | | | |
| Are immunizations curr | | | n Na | | <u> </u> | | _ | |
| | | Yes | □ No | | | | | |
| Date of Last Tetanus SI | | _ | | | | | | |
| Name of personal phys | | | | | | | | |
| Name of Emergency Co | ntact: _ | | | Tel | ephone | | | |
| In consideration for bei older, do for myself and Genesis Church and th death, as well as prope the youth-participant th Furthermore, I, do for n | l on beha e directo rty dama at occur | alf of my yours thereof age and exp while said | outh-participant, do he from any and all liabili penses, of any nature v d youth is participating | reby release, for ty, claims or do whatsoever wh in the trip or a | orever dischemands for ich may be ctivity. | narge and personal incurred | by the undersigned and | |
| death, damage and exp | ense as | a result of | f participation in recrea | tion and work | activities in | volved the | erein. | |
| Further, authorization a lodging for this particip | nd perm ant. | ission is h | nereby given to said ch | urch to furnish | any necess | ary trans | portation, food and | |
| The undersigned further any liability sustained be expenses incurred atte | y said cl | hurch as th | hold harmless and inde he result of the neglige | emnify said chu nt, willful or in | urch, its dire tentional ac | ctors, em ts of said | ployees and agents, for participant, including | |
| give permission to the child, and in the event I adults responsible for t and/or surgery for my c | ted by m physicial cannot his activ hild as n | e. I am en n selected be reached ity, to hos amed abo | atrusting the care of this by these adults to orded in an emergency, I he pitalize, secure proper ove. I also authorize sa | s person to the er x-rays, routi reby give perm treatment for, id physician or | e adults respone tests, and to the and to order any physic | oonsible f d treatme e physici r injectior ian or hos | or this activity. I hereby nts for the health of my an selected by the n and/or anesthesia | |
| Should it be necessary assume all transportati | | | to return home due to | medical reaso | ns, disciplin | ary actio | n or otherwise, I hereby | |
| "Periodically, pictures on notice to Genesis Chur | of these c ch if you | events will do not wa | I be taken and used for ant your child's picture | scrapbooks o included." | r other publ | ications. | You must give written | |
| (Signature of Parent or | uardian) | | (Date) | | | - | | |