



SPRING TEEN RETREAT

Registration form

Name: _____
 Parent/guardian: _____
 Address: _____
 City: _____
 State _____ Zip code: _____
 E-mail: _____
 Home Phone: _____
 Emergency Contact: _____
 Emergency Contact Phone: _____

Gender: _____
 Grade: _____

Roommate Choice: _____

Church name/city: _____

Retreat cost for one teen = \$65 \$ _____

Retreat cost for one adult leader = \$35 \$ _____

Late registration
 (less than 10 days before retreat) = \$5 \$ _____

Junior Staff Discount = -\$10
 Total: \$ _____

Please make checks out to Camp Phillip

Return this form by April 2 to:
Camp Phillip Teen Retreat
W9944 Buttercup Ave.
Wautoma, WI 54982

or register online at www.campphillip.com

NON-PROFIT ORG
 POSTAGE PAID
 WAUTOMA WI
 PERMIT NO. 93

Camp Phillip
W9944 Buttercup Ave
Wautoma WI 54982



or current resident

Don't Waste it!

Camp Phillip
 Spring Teen Retreat
 April 12-14, 2019



God gave us the ultimate resource when he moved the Bible writers to record his words. God has provided answers to our questions, encouragement in pain, and guidance for our lives throughout his Scriptures. However, sometimes we fail to utilize what God has given us to its full potential. As Paul instructs

Timothy in 1 Timothy 4:13,
"Until I come, devote yourself to the reading of Scripture, to encouraging, and to teaching."

We will explore different ways to maximize God's Word in our lives so we don't waste the wonderful resource God has given to us.

What's the Schedule?

Registration is from 7-8 pm on Friday

There will be breakfast on Sunday morning then 9:30 church and departure.

In between there will be campfires, Bible studies, games, singing, laughing, ropes course (optional), tasty meals, and a whole lot of fun!

Registration form

I give my permission for my child,
_____ , to attend this event.

In the event of an emergency I give permission to the holder of this form to consent to any medical treatment or hospitalization deemed wise by a licensed physician or emergency team. I also agree to be liable for any and all costs involved in such emergency treatment.

Be advised that my child has the following physical ailments, allergies, recent injuries, emotional or behavioral disorders, heart condition and/or takes the following listed medication:

The parent/guardian of the applicant assumes full responsibility for the applicant's health being such that camp activities will in no way aggravate any conditions present. If in doubt, please seek medical advice.

I understand that there are inherent risks involved in outdoor activities which are beyond Camp Phillip's control and I agree to personally assume such risks. I release from any liability Camp Phillip, the church and staff sponsoring this retreat in the event of any accident en route, during, or returning from this event.

I give permission for my child to be photographed for use in Camp Phillip's promotional efforts.

My signature below affirms that the statements on this form are true and understood.

Parent's signature: _____

Health insurance carrier: _____

Address: _____

City/state/zip: _____

Phone number: _____

Policy number: _____

Date signed: _____