

MEDICAL RELEASE FORM

I, the undersigned parent or legal guardian of _____

(CAMPER'S NAME)

give my authorization to the Camp Director or nurse to take any medical action in my place should any medical emergency arise involving the stated camper during this retreat. I authorize such medical care, treatment, or surgery as may be required, under the care and recommendation of medical authorities.

Signed: Parent/Legal Guardian

We will attempt contact with the parent/legal guardian before treatment if necessary or possible.

Medical Insurance Plan:

Policy ID#:

Primary Care Physician and Phone#:

Phone: (____) _____ - _____

WHERE CAN A PARENT/GUARDIAN BE REACHED THIS WEEKEND?

Address:

Phone: (____) _____ - _____



Calvary Baptist Church

241 Cadwalader Ave. Elkins Park, PA

Promised Land Campground

220 Boy Scout Rd. Conestoga, PA

Church: 215-886-5743

Pastor McMenamin: 215-779-5615

www.calvarybaptiststep.com

January 17-19, 2025



DO NOT MISS THIS BEST-OF-
THE-YEAR EVENT

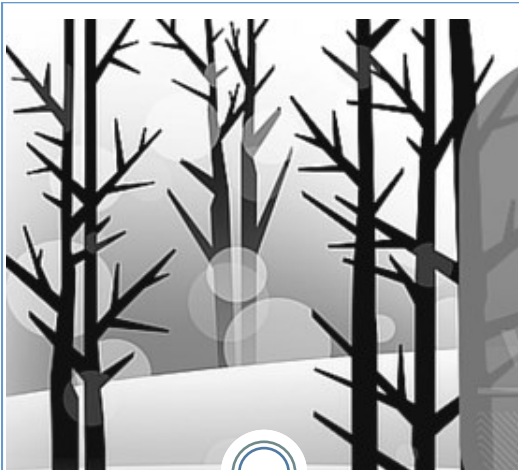
Calvary Baptist Youth

Winter Retreat

January 17-19, 2025



GROWING YOUTH MINISTRY
Building Youth in Spiritual Strength.



Winter Retreat

Every January, we host a retreat for young people in **7th-12th grades** for a specific purpose: to bring young people away from the busyness of life to examine the most important things of life—God’s word & will. In addition to **bible study**, we have many **games, competitions, and fun things** in store.

WHAT TO BRING:

- Bible and Pen
- Bedding – Sleeping Bag & Pillow
- Towel and Toiletries
- Warm Outdoor and Indoor Clothing
- Skates, Hockey Sticks
- Table Games
- Snacks!

WHAT NOT TO BRING:

- Phones – turn in to counselor, or leave home
- Electronic Devices—tablets, Personal Gaming Devices, Etc.
- Tobacco, Alcohol, Drugs, Etc.
- Knives, Fireworks, Guns, Etc.
- Immodest & Inappropriate clothing, (pants must be worn at the waist. Yoga pants, leggings, or other skin-tight clothes are not permitted as outerwear.)

***WE LEAVE FROM CHURCH FRIDAY AT 5:00PM AND HAVE DINNER AT CAMP.**

****WE RETURN TO CBC FOR OUR CLOSING RETREAT SERVICE AT 3:00 PM WITH OUR FAMILIES.**

REGISTRATION FORM

CALVARY BAPTIST CHURCH JR/SR HIGH WINTER RETREAT

Name: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Phone: (____) ____-____
 Age: ____ Sex: ____ Grade: ____

**** FEES:****

Early Reg: If paid BY Jan. 1st \$15
Late Reg: If paid AFTER Jan. 1st \$30
 +
General Camp Fee: \$70
Total: BY January 1 - \$85
 AFTER Jan. 1 - \$100

Date Fee Received: _____
 Amount Received W/ Reg: \$ _____
 Remaining Balance: \$ _____

GAME IDEAS:

Can we never play...
 _____ again?

PLEASE, can we play...
 _____?

MEDICAL QUESTIONARE:

*MUST BE COMPLETE TO PROCESS REGISTRATION

Have you ever had health problems in the following areas? If yes, please explain.

Heart Trouble? _____

Respiratory/Breathing? _____

Allergies? _____

Other Disorders? _____

Are there any other remarks about this camper’s health or limitations of which the staff should be aware? _____
