

# KCYF Spring Retreat

## March 4-6, 2016

### Disciples Center/ Tawakoni

The Retreat is directed by KCYF Cabinet and features keynotes by **Michael Davison**, an ordained minister serving as Associate Regional Minister in Oklahoma. Michael is a graduate of TCU and Brite Divinity School, and is a long-time advocate for youth in the church. He is married to Dr. Lisa Davison, Hebrew Bible professor at PTS in Tulsa. (Lisa has been Chaplain/keynote for CYF Alpha the past two years.)



**Theme: Disciples and Sharing the Faith**

**Program:**  
Friday, 7:00 p.m.—  
eat before you arrive

Program ends Sunday  
morning—11:00 a.m.



Christian  
Youth  
Fellowship

**Fee — \$60**  
**\$75 after**  
**Feb. 17**

**Bring:**  
**Sleeping bag, Towels,**  
**Personal Items, — and**  
**an Open Heart!**

Name \_\_\_\_\_ circle: Male | Female | Grade: \_\_\_\_\_

Address \_\_\_\_\_ circle: Youth | Adult Sponsor

City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Home church, City/State \_\_\_\_\_

Note any special need including diet needs: \_\_\_\_\_

**Required:** My Adult Sponsor is: \_\_\_\_\_

Each church is expected to send **1 adult for every group of 6 youth**—OR, smaller groups are expected to find other groups with whom the youth may share sponsors. \_\_\_\_\_

#### HEALTH FORM

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Immunization:** Date of last Tetanus shot \_\_\_\_\_; Tetanus booster \_\_\_\_\_

**Health Concerns:** Allergies \_\_\_\_\_

Allergic to: Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Insect Stings \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Athletes Foot \_\_\_\_\_

Subject to Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Skin Rash \_\_\_\_\_ Fainting \_\_\_\_\_

**Diet Restrictions:** \_\_\_\_\_

**Medications:** If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on container. If applicant is on any regular medication, state drug and dosage: \_\_\_\_\_

Applicant may have: \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Aspirin \_\_\_\_\_ Antihistamine \_\_\_\_\_

#### Person to notify in case of emergency:

Name: \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Health and Accident Insurance: Please provide the following information:

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

#### Part IV - In case of accident or illness:

I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Chi Rho (middle school youth) will have their retreat Feb. 26-28.**  
**Mail to: Christian Church in Kansas—2914 SW MacVicar—Topeka, KS 66611**  
**Make checks payable to: CCK—OR, register online—[kansasdiscalp.org](http://kansasdiscalp.org)**