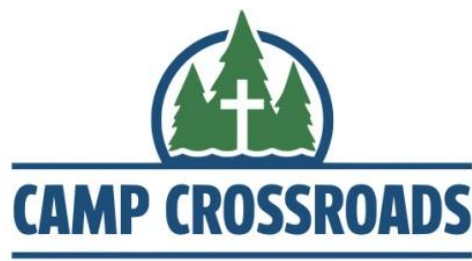


JR. YOUTH DEEP FREEZE



Calling all Jr. Youth! We are excited to be heading back up north to Camp Crossroads for their Deep Freeze retreat! The weekend is based around fun in the snowy outdoors, but also designed to help you build your faith, make new friends and instill a sense of belonging with our church community.

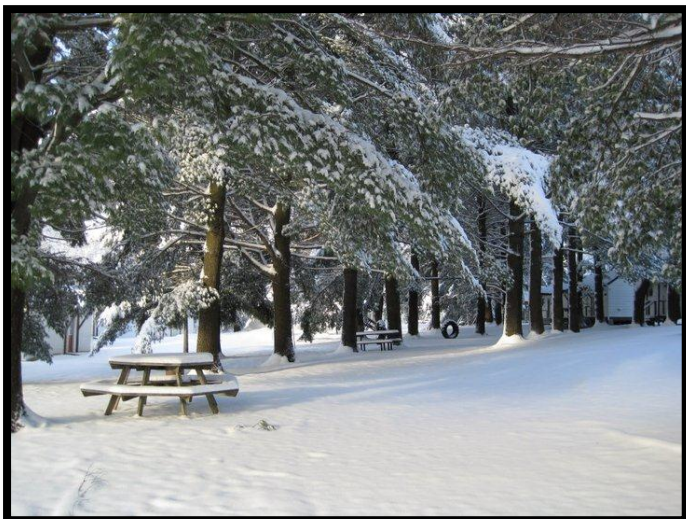
What happens at Deep Freeze you ask? It is a weekend filled with worship, great teaching sessions, team building, amazing food, and TONS of winter activities like hockey, skating, tubing, snowshoeing, ice fishing, snow fort building and more!

**Completed permission forms and \$75 deposit must be returned to
The Welcome Centre or the Main Office no later than Sunday, December 20th.**

Who: Jr. Youth (*grades 7 and 8*)
Where: Camp Crossroads (1224 East Bay Rd. Torrance, ON)
When: January 15th – 17th, 2016
Cost: \$125-\$150* (*incl. transportation, accommodation and food*) \$75 deposit due Sunday December 20th
**Remainder will be due the week before the retreat.*

What to Bring:

- ✓ Warm clothes (always good to dress in layers)
- ✓ Warm winter jacket
- ✓ Snow pants
- ✓ Warm hats, gloves/mittens, scarves (it's good to have more than one)
- ✓ Warm, waterproof boots
- ✓ Sleeping bag
- ✓ Pillow
- ✓ Toiletries, towel
- ✓ Slippers
- ✓ Skates and hockey stick (optional)
- ✓ Bible, notebook & pen



Jr. Deep Freeze 2016 Permission Form

Completed permission forms and money must be returned to
The Welcome Centre or the Main Office **no later than Sunday, December 20th, 2015.**

Participant Information (Please print clearly)	
First Name:	Last Name:
Age:	Birth date (mm/dd/yyyy):
Grade:	
Address:	
Postal Code:	
Youth's Email Address:	
Medical Information:	
Health Card #:	Doctor:
Medication:	Telephone:
Allergies (Please Specify foods/medications that youth should avoid and how they react):	
Dietary Needs (Please Specify):	
Physical limitations (Please Specify):	
<p>Do you currently have, or have a history of any serious medical conditions, including, but not limited to, medically treated drug or alcohol dependency, mental health concerns, phobias or anxiety issues, or regular professional counseling?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I would prefer to speak with Brad/Greg</p> <p>Describe:</p>	
Emergency Contact Information:	
Name:	Relationship:
Daytime Phone:	Cell Phone:
Emergency Contact's Email:	

Parental/Guardian Agreement: I/we give permission my son/daughter to participate in Jr. Youth Deep Freeze with WMB Church Youth Ministries. I/we understand that all reasonable safety precautions will be taken at all times by WMB Church, the event leaders present during the outing described above. I/we understand the possibility of unforeseen hazards and the possibilities of risk. I/we agree not to hold Camp Crossroads or WMB church and any or all of its leaders, employees, and volunteers liable for damages, losses or injuries incurred by the individual named above.

Transportation Agreement: I/we give my permission for above mentioned youth to be transported by WMB Church Youth leaders.

Photo Release Agreement: I/we give WMB Church permission to use the above mentioned youth's name, photograph, or portrait in any WMB Church printed and/or electronic publication. I/we waive any right to inspect or approve the finished product, including written copy that may be created in connection with Waterloo MB publications.

☐ \$75.00 Deposit

**Cash, Credit, or Cheques accepted. Please make all cheques payable to WMB Church, memo: Jr. Deep Freeze 2015*

Parent/Guardian Name (Please print clearly): _____

Parent/Guardian Signature: _____ **Date:** _____