

Fall Student Retreat – Hickory Hills

September 11th-13th, 2009

Please read the following information carefully. **Retain this page of the application for your information!** Detach & return the other page with completed information, signatures and final payment. **PLEASE RETURN ALL FORMS AND PAYMENTS ASAP! FORMS AND PAYMENT MUST BE RECEIVED NO LATER THAN SUNDAY, AUGUST 30, 2009!!**

RELEASE FORM – The medical release form must contain the **signature of your parent/legal guardian** to be accepted. Complete all information on all forms and return them to the Youth Ministry office or staff or Lifeguards. **Students must read and sign the student covenant.**

COST– Cost of the retreat is **\$55.00** and includes transportation, housing, meals, and all activities. The meals include three on Saturday and breakfast on Sunday morning. **You are responsible for eating dinner before leaving on Friday evening!**

PACKING LIST:

- Bible & Pen
- Sleeping Bag or Twin Sheets and Pillow
- Towels (*at least two*)
- Personal Toiletries (soap, shampoo, toothbrush, etc.)
- Flashlight
- Insect Repellent
- Light Jacket
- Clothes suitable for outdoor wear and play (no super short shorts, spaghetti straps or halter tops, etc.)
- Extra pair of old clothes and shoes that will get dirty
- Modest Swimwear
- Personal medications
- Personal sports equipment
- A great attitude
- Invite a friend to come!

IMPORTANT INFORMATION FOR PARENTS:

Forms and Payment: Please submit all forms by August 30th.

Travel Itinerary: We will leave from the WHCC parking lot on Friday evening, September 11th. A **specific departure time** will be communicated to you via postcard once we have confirmed our bus schedule. We will **return** to the WHCC building around 12:30 P.M. on Sunday, September 13th. If you plan to pick your student up at the retreat, please indicate who is authorized to pick them up on the attached application. ***If you have any questions, please call!***

We realize that many of you may live closer to the retreat facility than you do the church building. If it is more convenient for you to take your son or daughter to the facility, please let us know!

If you are planning to come late to the retreat (on Friday) or planning on providing your own transportation to Hickory Hills...Please indicate your plans on the attached form.

DO NOT BRING:

IPods
Mp3 players
Knives
Fireworks
Electronic games
(gameboys, etc.)

HICKORY HILLS ADDRESS AND EMERGENCY PHONE NUMBER:

CAMP HICKORY HILLS
955 WILSON HOLLOW RD.
DICKSON, TN 37055
PHONE: 615-763-2061

Student Release

Fall Student Retreat – September 11th-13th, 2009

I, as parent/legal guardian, give my permission for _____ to attend the Fall Retreat on September 11-13, 2009 at Hickory Hills Camp in Dickson, Tennessee and participate in the activities offered at the retreat. I understand that the group will depart on Friday evening, September 11th, at a time to be announced and return to the WHCC building around 12:30 p.m. on Sunday, September 13th. *(Departure information will be sent to you along with confirmation of your registration for the retreat.)*

I, _____, as the parent/legal guardian give my permission for Doug Berny, or a designated sponsor of the Woodmont Hills Church, to take _____ to the hospital or to see a doctor in case of an accident or illness and to receive medical treatment as prescribed by an attending physician. I understand and accept responsibility for the risks associated with activities at the retreat. I/we understand that the Woodmont Hills Church of Christ and/or its staff members and adult sponsors will not be held responsible financially or otherwise for the above named participant in case of an accident and I/we will never bring legal action against them.

Signature of Parent or Legal Guardian

Date

Student Covenant:

I understand that I am responsible for following Hickory Hills and retreat policies. I agree to follow the guidelines set by retreat staff in order to provide a safe environment for my peers and myself. I understand that consequences will arise from failing to comply with camp policies and may result in my being sent home and the loss of future trip privileges.

Signature of Student Participant

Date

TRANSPORTATION

Please check all that may apply:

- I plan to come to the Woodmont Hills Church building and ride the bus to the retreat location.*
- I plan to provide my own transportation:*
 - To the retreat on Friday*
 - From the retreat on Sunday*

(Name of authorized person to pick you up from the retreat: _____)

- I will arrive late on Friday. Estimated time to arrive at the retreat: _____*

Please complete the following information. If you do not have a regular family physician, please list the name of the one you have attended most recently.

Family Physician _____ Physician's Phone # _____

Insurance Co. _____ Insurance Phone # _____

Ins. Policy # _____ Group # _____

Student Medical Information & Medical Release

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(Please print legibly in ink.)

NAME _____ AGE _____ GRADE _____ D.O.B. _____

ADDRESS _____ CITY _____ ZIP _____

PARENT'S NAME _____ HOME PH.# _____

Parent's WK. PH. # _____ CELL # _____

NAME OF FRIEND OR RELATIVE TO CONTACT IN CASE OF EMERGENCY IN THE EVENT YOU CANNOT BE REACHED: _____

PHONE # _____ Other Emergency Number: _____

DO YOU HAVE ANY ALLERGIES? _____ IF YES, LIST: _____

ARE YOU ALLERGIC TO ANY MEDICATION? _____ IF YES, LIST: _____

PLEASE CIRCLE MEDICATION YOU HAVE PERMISSION TO TAKE:

Aspirin

Tylenol (Acetaminophen)

Advil(Ibuprofen) _____

ARE YOU CURRENTLY TAKING PRESCRIPTION MEDICATION? _____ IF SO, WHAT: _____

_____ AND HOW OFTEN? _____

HAVE YOU HAD A TETANUS SHOT IN THE LAST THREE YEARS? ____ Yes ____ No ____

PLEASE LIST ANY MEDICAL CONDITIONS OR INFORMATION THAT MIGHT LIMIT YOUR PARTICIPATION OR THAT WOULD BE IMPORTANT TO CONSIDER IF YOU ARE TREATED BY A PHYSICIAN IN THE EVENT OF AN ACCIDENT OR SUDDEN ILLNESS: _____

NOTE: The back of this form must be completed and signed by a parent or legal guardian and dated. If you do not have a regular family doctor, please put down the name of the one you most regularly use, one you have used in the past, or current source of medical information and history.

IMPORTANT!

This form and payment must be turned in no later than Sunday, August 30, 2009!

Office Use Only:

