

# WARM BEACH FALL RETREATS 2018

Join hundreds of students from all over the Northwest to connect and grow in your relationship with God and others, meet new people, and have fun together. Experience dynamic speakers, energetic music, exciting activities, and great food.

# #UNFILTERED

## COME AS YOU ARE

“God saved you by His grace when you believed.”

- Ephesians 2:8

### JUNIOR HIGH RETREAT

Oct. 26-28



SPEAKER

**Clay Utley**

Pastor of Family Ministries

**Seattle First Free Methodist Church**

Clay works with kids grades 4-12 through Seattle First Free Methodist Church. His church's mission is to love God, one another, and the world. He is committed to making disciples and bringing wholeness to the world.

### SENIOR HIGH RETREAT

Nov. 9-11



SPEAKER

**Spencer McDowell**

Recreation Manager

**Warm Beach Camp & Conference Center**

Spencer is passionate about seeing spiritual and emotional growth in youth. He has served as a youth pastor, is a Free Methodist elder, and currently on the leadership team for the recreational ministry at Warm Beach Camp.

### WEEKEND HIGHLIGHTS

**Powerful Speakers / Dynamic Worship / Archery Tag / Zip-line / Climbing Tower**

More information: [www.WarmBeach.com/fallretreats](http://www.WarmBeach.com/fallretreats)

### REGISTRATION

**Student Cost:** \$100 per person | **Volunteer Counselor Cost:** \$50 per person

- **IMPORTANT! Register with your group.** Give payment and registration form to your youth pastor/group leader.
- **Written and signed registration form is required for everyone.** All medications must be presented in its original container to the camp nurse at check in. The nurse will administer medications at the appropriate times for students attending the retreat.
- **Need a scholarship?** Talk with your Pastor. Church groups should bring appropriate leadership and volunteer counselors.

### WHAT TO BRING

Pillow/bed linens or sleeping bag for a single bed  
Casual clothing  
Warm coat/jacket  
Bible and pen  
Towels/Washcloths  
Personal toiletry items

### What Not to Bring

Fireworks  
Guns/Knives  
Alcohol/Drugs  
Tobacco products

**2018 FALL RETREATS****Registration Form**

Give the completed/signed registration form to your Youth Pastor/Church.

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_  M  F

Parent(s) Name(s) \_\_\_\_\_ Primary Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Email Address \_\_\_\_\_ Home Church \_\_\_\_\_

**Please mark the appropriate choice****Office Use Only**

Make payment to your Youth Pastor/Group Leader. Registration is processed through your church.

**October 26-28, 2018****November 9-11, 2018**

- Junior High Student: \$100  
 Junior High Counselor: \$50

- Senior High Student: \$100  
 Senior High Counselor: \$50

Name of Church Group \_\_\_\_\_

Total Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date \_\_\_\_\_

House \_\_\_\_\_

Code \_\_\_\_\_

ENT \_\_\_\_\_

DISC \_\_\_\_\_

MIP \_\_\_\_\_

**MEDICAL INFORMATION**

Does the participant have any prescribed medications, allergies, reactions (bee stings, etc. - if allergic to bee stings, please bring epi pens) or limitations? Please explain: \_\_\_\_\_

Immunizations: Is participant up to date on immunizations?  Yes  No Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of insurance company \_\_\_\_\_ Insurance ID # \_\_\_\_\_

**Consent for Medical Treatment:** I give permission for the Warm Beach Camp staff or volunteer nurse to follow the physician's standing orders for care and treatment of my child. I give permission to the physician selected by Warm Beach Camp to provide emergency medical treatment for my child and to transport them to an emergency center for treatment. I understand that this emergency care may require the physician to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the camper named on this form. I understand that every effort will be made to notify the parent or guardian of the camper when medical attention is required at a hospital or clinic.

**Insurance:** I understand that Warm Beach Camp does not provide any primary accident or health insurance for campers and guests and further understand it is my responsibility to provide such coverage.

**Release/Participation:** I am the parent or guardian of the participant. I give permission for my child to participate in Warm Beach Camp activities including transportation. These may include field games, canoeing, climbing tower, and high ropes course, and horseback riding. While Warm Beach Camp will provide for adequate and reasonable participant safety, I understand that accidents can happen at anytime. I am not relying upon Warm Beach Camp to list all possible risks. Therefore, in exchange for Warm Beach Camp allowing my child to participate in camp activities, I understand and expressly acknowledge that I release Warm Beach Camp, its employees, board of directors, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Warm Beach Camp activities whether on or off Warm Beach Camp's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of Warm Beach Camp, its employees, board of directors, volunteers, or guests.

**Property Loss:** Warm Beach Camp is not responsible for personal property lost, damaged or stolen while using Warm Beach Camp facilities, including parking lots, or participating in Warm Beach Camp programs.

**Photograph Permission:** I give permission for Warm Beach Camp to use, without limitations or obligation, photographs, film footage or tape recordings which may include my child's image, voice, or artwork for the purposes of promoting or interpreting Warm Beach Camp's programs.

Date: \_\_\_\_\_ Participant's Name \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alternate phone #'s: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_