



AWAKEN RETREAT 2019

What

This will be a weekend to get away together as a youth group to have some fun, get to know each other better, and study God's word together. We will be looking at portions of the book of Philippians during the weekend which has a major theme of joy in the Christian life. The weekend will consist of three sessions, group activities, canoeing and a lot of downtime to hang out with each other.

Where

Hope Bay Bible Camp (*4302 Bedwell Harbour Rd, Pender Island, BC*)

When

Friday, October 4 – Sunday, October 6

Cost

\$150 (includes programming, housing, food and ferry)

Packing List:

- Bible
- Notebook and Pen
- Toiletries (toothbrush, toothpaste, shampoo, deodorant, etc)
- Towel
- Warm clothes
- Sleeping Bag
- Pillow

Details:

Drop off and pickup will be at the **Tsawwassen Ferry Terminal**. Please arrive at the terminal on Friday, October 4 at **6:30 PM**. We will not be able to accommodate or refund anyone who misses the ferry. We will be arriving back at Tsawwassen Ferry Terminal at **4:35 PM** on Sunday, October 6.

If you have any questions, please contact Kyle McDonald at kmcdonald@southdelta.org or call the church office at 604-943-8244.

Registration will close on **Sunday, September 29**. Please fill out and sign the attached liability form and hand it into Kyle McDonald with payment to register.

Event: Fall Retreat (Pender Island)

Date: October 4-6, 2019

Medical Information

Name: _____ Age: _____ Birth Date: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ P/Code: _____

In Emergency Notify: _____ Phone: _____

Family Doctor: _____ Phone: _____

BC Medical Number: _____

Health History:

- Allergies Insect Stings Heart Condition Frequent Colds
- Hay Fever Asthma Epilepsy Nervous Disorder
- Frequent Stomach Upset Other _____

**If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions).*

*Date of last tetanus shot: _____

*Name and dosage of any medications that must be taken: _____

*Any swimming restrictions? Yes No Any activity restrictions? Yes No

What restrictions? _____

Parent(s) E-mail for Trip Updates: _____

Authorization to Treat a Minor

In the event I cannot be reached in an emergency, I (we) the undersigned parents or legal guardian, of _____, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Liability Release

Our programs and activities have been designed with your child's safety in mind. However, no activity is without the possibly of unforeseen hazards. Certain activities, such as gym-related sports, skate boarding, team competition, bus trips and other related church activities, have the inherent possibility for risk, therefore, we want to alert parents, guardians and individuals to them. By signing this form, the parents, guardian, or individual agrees to assume and accept all risks and hazards inherent in these activities. They also agree not to hold South Delta Baptist Church and/or its owners, volunteers, members, agents, or employees liable for damages, loss injuries, (including death) to the person(s) or property undersigned. Further, they agree to defend, indemnify and save harmless South Delta Baptist Church from any claim, demand, action, suit, or proceeding. The parents or guardians understand that they are signing for the minor(s) listed on this form and that the signature is for both a medical and liability release.

Parent or Guardian Signature: _____ Date: _____

(Your own signature if you are 19 or over)