

ONE LIFE

2016 WINTER RETREAT

DATE:

COST:





- Covenant Point Bible Camp - 2016 One Life Retreat Registration

| 358 W. Hagerman Lake Road – Iron River, MI 49935 |
906/265-2117 • 906/265-5123 (Fax) www.cpbpc.com cpbc@cpbc.com



Student Retreat Cost - \$140

Counselor Cost - \$100

Bring - Bible, sleeping bag, warm clothes, toiletries, swimsuit, towel, and a friend!

Don't Bring - Electronics (iPods, cell phones, etc), knives, drugs, alcohol, any other dangerous or illegal items.

Registration Information

I will be attending the OneLife in: ☐ **January 15-18**
☐ **February 12-15**
☐ **February 19-22**

Camper's Name _____ Grade _____ ☐ Male ☐ Female

Address _____ City/State/Zip _____

Student Birthdate _____ Student Email : _____

Parent Name _____ Parent Email _____

Home Phone _____ Day Phone _____ Cell Phone _____

☐ I am coming with my church group | **Church Name** _____

☐ I would like to order a size _____ **One Life T-shirt** for an additional \$15

☐ Dietary Restrictions (Please provide written explanation of dietary restrictions and/or food allergies below including treatment plan in the event of an allergic reaction and permission to share allergy-related information with appropriate staff.)

Student Behavioral Covenant

I agree to follow the instructions of all the adult leaders on this trip. I agree to obey all posted and verbally conveyed rules of the establishment we are visiting. I recognize that this is a church/camp event, facilitated by the church/camp staff, and I agree to represent them in a positive manner. I understand that the possession or use of any alcohol, drugs, firearms, weapons, or explosives may result in my expulsion from this event. By signing my name, I acknowledge my agreement with the terms of this agreement.

Student Signature _____ **Date** _____

Parent/Guardian Permission & Insurance Info.

I recognize that I am a parent/guardian, and hereby give consent to attend the retreat at Covenant Point Bible Camp in Iron River, and my signature below indicates the previously named camper has permission to engage in all camp activities, on and off camp grounds, to be transported and to participate in outings and field trips off Covenant Point grounds. I understand that during this travel off camp grounds my child, named above, will be under the supervision of the group leaders from our church and/or CPBC. I agree to take responsibility for the cost of all medical treatment, and hereby give permission to the camp to provide routine, non-surgical medical care, dispense prescribed medications, and seek emergency medical or surgical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure treatment, including hospitalization, for the person named above. I also give permission for photographs and video of my child to be used in future promotional materials. This completed form may be photocopied for trips out of camp

Signature _____ **Date** _____

Printed Name _____ **Spouse** _____

Insurance Co. _____

Policy # _____

One Life Retreat Payment Information

T-Shirt (Optional) \$15, Specify Size Above	\$
Registration Fee \$140 (Student), \$100 (Counselor) \$115 (Partial weekend Student Rate)	\$
Ski Pass* (Optional) \$21 Ski Pass \$31 Ski Pass + Rental *Separate rental form needed	\$
Total Includes \$30 non-refundable deposit	\$
Make checks payable to Covenant Point. Give your registration to your youth leader, or Fax/Mail	