



Junior High Retreat

358 W. Hagerman Lake Rd.
Iron River, MI 49935
Phone: 906.265.2117 Fax: 906.265.5123
www.cpbc.com cpbc@cpbc.com



October 10-13, 2014

Fri night – Breakfast Mon - For Students in Grades 6/7/8

Come for a weekend away with your youth group, complete with excursions to the Island, high ropes, great speakers, and games together!

Packing List

- Bible
- Sleeping Bag
- Warm clothes (it can get very cold out on the Island!)
- Toiletries
- Swimsuit
- Towel
- Friends!



Registration Fee

\$135 (Camper)
\$90 (Counselor)

Give your registration and full payment to your youth leader, including the \$30 non-refundable deposit.

Do not bring

- Electronics
- iPods
- Cell phones
- Knives
- Your crabby pants

Make checks payable to

Covenant Point Bible Camp

Mail/Fax Registration to

CPBC at 906.265.5123

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Junior High Retreat Medical Release Form

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Camper's Name _____

Last

First

Address _____ City/State/Zip _____

Home phone: _____ Day phone: _____ Cell phone: _____

E-mail: _____

- I am coming with my church group

Church Name _____ Group Leader _____

- I am not coming with a church group and would like to be linked with another group

• 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.

Permission

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 # _____