**Covenant Point Bible Camp** 

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





# Jr. High Fall Retreat (Grades 6/7/8) 8:00 PM Friday, Oct 6 – 10:00 AM Monday, Oct 9 (Or 6:30 PM Sunday Early Departure)

Come for a weekend of fun and adventure with your youth group, complete with worship, high ropes, big games, and great messages. Registration begins at 8:00PM Friday (or whenever your group arrives), with our first meal at 8:00AM Saturday morning and programming starting directly after.

### Payment Information Full Retreat (Fri PM – Mon 10 AM): \$135 (camper) \$95 (counselor / youth leader)

Sunday Departure (6:30PM):

\$110 (camper)\$85 (counselor / youth leader)

## To Register:

Students:

- Let your youth leader know you plan on attending!
- Get form and payment to your youth leader by Friday, Sept 22, 2017.

## Youth Leaders:

- Please fill out online registration form at <u>www.cpbc.com/jhfallretreat</u> by Friday, Sept 22, 2017.
- Mail, email, or fax completed forms to CPBC by Friday, Sept 29, 2017.
- Payment due upon arrival.

Packing List Bedding Clothing for all weather Towel Toiletries Swimsuit for sauna Bible Notebook and pen Camera Flashlight

## Do Not Bring:

Knives / weapons of any kind Alcohol / tobacco / illegal drugs Cell phones or electronic devices Personal sports equipment Valuable personal items

2017 Fall Junio Registration Fo 8PM Friday, Oct 6 – 1 (Or 6:30 PM Sunday)	0700 000 000 000 000 000 000 000 000 00	(Grades 6/7/8)	
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Last Name:	First I	Name:	
Gender: <u>M / F</u> Grade:		Date of Birth:	
Parent/Guardian Name(s):			
Address:		City/State/Zip:	
		Cell phone:	
Parent/Guardian Email:		_ Student Email:	
How'd you hear about Cov	venant Point?		
Church Name:	C	Church City/State:	
Insurance Company:		Policy #:	
Emergency Contact Name	and Phone #:		
Group Leader:		uld like to be linked with another group.	
Sunday 6:30 PM D		youth leader)	
A \$25 processing fee the start of the retreat		f any cancellation one week (7 days)	or less to
	planation of dietary restric at of an allergic reaction a	tions and/or food allergies below inc nd permission to share allergy-relate	

I hereby give my consent to fully participate in all camp activities, outings, and filed trips conducted on and off the campus of Covenant Point recognizing that there are risks known and unknown, foreseeable and unforeseeable involved in participating in these or similar activities. Covenant Point has taken reasonable and prudent steps to reduce known and foreseeable risks. I understand activities may be strenuous and/or outdoors and agree that participation in activities is voluntary. I understand and agree that neither Covenant Point nor its trustees, officers, directors, employees, agents, or representatives, may be held liable in any way for any injury, harm, damage, or death which may occur to me as a result of participation in these activities and hereby release, save, and hold harmless the above mentioned of said injury due to participation in these activities. Further, I do consent to any and all medical treatment that may be deemed necessary should I require such assistance, including the ordering and administering of medications. I agree that my insurance plan is the primary plan to pay for any medical, dental, or hospital care or treatment. I agree to allow Covenant Point to transport myself as needed and to use a photocopy of this form as my authorization when necessary. Covenant Point may use my photo, films, digital images, videotapes, and sound recordings in future promotional materials. I have read and voluntarily agree to the statements herein.