

# Covenant Point Bible Camp

358 W. Hagerman Lake Rd.  
Iron River, MI 49935  
Phone: 906.265.2117 Fax: 906.265.5123  
www.cpbpc.com, [registrar@cpbc.com](mailto:registrar@cpbc.com)



## 2021 Jr. High Winter Retreat (Grades 6/7/8)

8:00 PM CT Friday, Feb 19 – 10:00 AM CT Sunday, Feb 21

Come for a weekend of fun and adventure with your youth group, complete with worship, group games, broomball, tubing, and great messages!

**Check-in begins at 8:00PM CT Friday, with programming starting directly after.**

*\* CPBC requires that each group bring a minimum of one adult male leader per 8 male students and at least one adult female leader per 8 female students. One adult leader of each gender is the minimum requirement for groups smaller than 8 of each gender.*

### Payment Information

**\$115** (camper)  
**\$95** (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, January 29, 2021.

#### **Youth Leaders (group registration):**

- Please have one adult leader per church fill out online registration form at [www.cpbpc.com/jhwinterretreat](http://www.cpbpc.com/jhwinterretreat) by Friday, January 29, 2021.
- Mail, email, or fax completed forms to CPBC by Friday, February 5, 2021.
- Payment due upon arrival.

### Packing List

Bedding  
Winter clothing  
Towel  
Toiletries  
Swimsuit for sauna (if interested)  
Bible  
Notebook and pen  
Flashlight

### Do Not Bring:

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

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\*If it becomes apparent that we cannot run a retreat as planned due to COVID-19 considerations, we reserve the right to make changes to capacity, program, or calendar as necessary. Prior to each retreat, we will be in communication with participants regarding instructions and policies to reduce health risks for our participants and staff. Any cancellations related to COVID-19 will be refunded in full.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: M / F Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

How did you hear about Covenant Point? \_\_\_\_\_

Church Name: \_\_\_\_\_ Church City/State: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

- I am coming with my group.  
Group Name: \_\_\_\_\_  
Group Leader: \_\_\_\_\_
- I am not coming with a church group and would like to be linked with another group.

#### Arrival & Departure / Payment:

- \$115 (camper)
- \$95 (counselor / youth leader)

A \$25 processing fee will be kept in the case of any cancellation one week (7 days) or less to the start of the retreat.

#### **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.

\_\_\_\_\_  
\_\_\_\_\_

I hereby give my consent to fully participate in all camp activities, outings, and field 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.

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_