

Middle & High School



at Camp Adventure

What: Fall Retreat is a time for students to get away from their normal routines, relax and engage on a deeper level with God. It will be a time of fun outdoor activities, worship around a campfire, and devotionals.

Where: Camp Adventure

When: October 27-29 | We ask that the students be dropped off at Camp Adventure by 7pm on the 27 and picked up at 9:45am on the 29.

Cost: \$80 per student

Contact: Ryan Langeland, 574-268-0188 x217

Student Ministries Fall Retreat: Please return this form to the WCC Info Center on Sunday or the church offices at 103 Enterprise Drive in Warsaw during the week.

Student Name: _____

School: _____ Grade: _____

Student Email: _____

Student Cell Phone: _____

Address: _____ City: _____

Zip: _____ Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Phone: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: _____

Middle & High School Fall Retreat Packing List

Bring these things:

- Bedding for 2 nights (we will be staying in heated cabins)
- Clothes for being outside activities
- 2 pairs of shoes (one needs to be tennis shoes)
- Toiletries (toothbrush, soap, towels, etc.)
- Bible
- Notebook
- Blanket to sit on outside

Do NOT bring these things:

- iPads
- Laptop Computers

Waiver

I _____, the parent/legal guardian of _____, do hereby give my permission for them to be involved in any of the activities sponsored by Warsaw Community Church (WCC) or WCC Student Ministries. I understand that all reasonable safety precautions will be taken at all times by WCC Student Ministries and its agents during all activities. I also give permission for my child to be a passenger in WCC's vehicle for transportation to and from WCC Student Ministry events. I understand the possibility of unforeseen hazards and the inherent possibility of risk. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the trip leader to hospitalization, to secure medical treatment and/or an injection, anesthesia, or surgery for my child as deemed necessary.

I agree to not hold WCC, WCC Student Ministries, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries by the subject of this form.

Parent/Guardian Signature: _____

Date: _____