

Who: High School Ministry (Grade 9-12)

When: May 20 - May 22, 2022

Drop-off at Church of the Rock on Friday May 20 @ 5:30 pm.

Pickup at Church of the Rock on Sunday May 22 @ 3:15pm- 3:30 pm.

Where: Camp Arnes (We will be bussing to the camp)

What: An action-packed weekend full of fun, food, friends & growing in God!

Activities include: swimming, zip line, ropes course, climbing wall, archery & more!

We will be staying in separate guy/girl cabins with leaders (Approx. 15 people per cabin)

Registration Instructions:

- Cost: \$95
- Fill out the registration/release form and return it with your full payment (Cheques payable to Church of the Rock) to the church office, with 'attention to Mathew Povey.
- **REGISTRATIONS DUE May 6**

What to bring:

Meals will be provided Saturday-Sunday plus a snack on Friday night

- **Sleeping bag or bed roll / Twin Sheet for mattress**
- **Pillow**
- **Clothing – dress for warm & cold the entire weekend and bring extra socks**
- **Jacket (rain jacket and rain pants recommended) • RUBBER BOOTS **Please label your rubber boots!**
- **Swimsuit & towel**
- **Toiletries**
- **Outdoor shoes and indoor shoes/slippers**
- **Outdoor clothes (prepare for rain/mud)**
- **Plastic bags for dirty laundry and wet clothes**
- **Water bottle**
- **DO NOT BRING: MP3 player, iPod, Electronic Games, Cell Phones etc**

If you have any questions you can email me at mathew@churchoftherock.ca or call (204)261-0070 or cell (204)981-5550

Mathew

Registration / Medical Information Form

Full Name: _____ Birth Date (dd/mm/yyyy): ___ / ___ / _____

Address: _____ (Apt/House #, Street Name)
_____ (City, Province, Postal Code)

Home Phone Number: () _____ Cell Phone Number: () _____

Grade: _____ Gender (Circle one): Male / Female

***Complete the following if under 18 years of age:**

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

Contact Information: _____

Emergency Contact Information

Full Name: _____

Contact Information: _____

Relationship: _____

Provincial Health Insurance Information

Registration Number: _____

Personal I.D. Number: _____

Extended Health Insurance Information (Optional)

Insurance Company: _____ Policy Number: _____

Mailing Address: _____

*I hereby declare that I have obtained medical insurance coverage.

Signature: _____

Date: _____

Allergies: _____

Special Needs: _____

Dietary Needs: _____

Note: Camp Arnes is a NUT SAFE facility. Only Diabetic and Celiac Diets will be guaranteed. ALL others are requested to bring their own specialty foods which can be microwaved at each meal time (as necessary).

CHURCH OF THE ROCK ACTIVITY RELEASE FORM

Parent Authorization and Waiver of Risk for Travel

I hereby give my consent for my daughter/son, _____, to participate in the High School Ministry Retreat at Camp Arnes, which includes travelling to and from Church of the Rock from May 20, 2022 thru May 22, 2022.

(S)he will be travelling by bus, church van, rental vehicle, and/or an approved youth volunteer vehicle.

I understand that neither of the Church of the Rock, adult chaperones, leaders, nor the staff are liable in the event of an accident or injury to my child. I also assume full responsibility for the consequence of my child's actions during these events.

WAIVER OF RISK

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity.

In consideration of Church of the Rock permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Church of the Rock, representatives, employees and volunteers against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act of omission or other occurrence. Whether or not they are caused by or resulting from this activity, Church of the Rock, youth pastor, youth director, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

Declaration of Permission

I/we, _____, (name of parent(s)/guardian) do hereby give my/our permission for

_____ (name of student) to participate in *High School Ministries/Church of the Rock* activities in accordance with the terms outlined above.

Signature: _____

Date: _____