



SENIOR HIGH RETREAT

AT PARK OF THE PINES ON LAKE CHARLEVOIX

FRIDAY, SEPTEMBER 24 7:00 P.M.

THROUGH

SUNDAY, SEPTEMBER 26 AT 12:00 NOON

GUEST MINISTRY-TIFFANY JACKSON

REGISTRATION-\$25.00

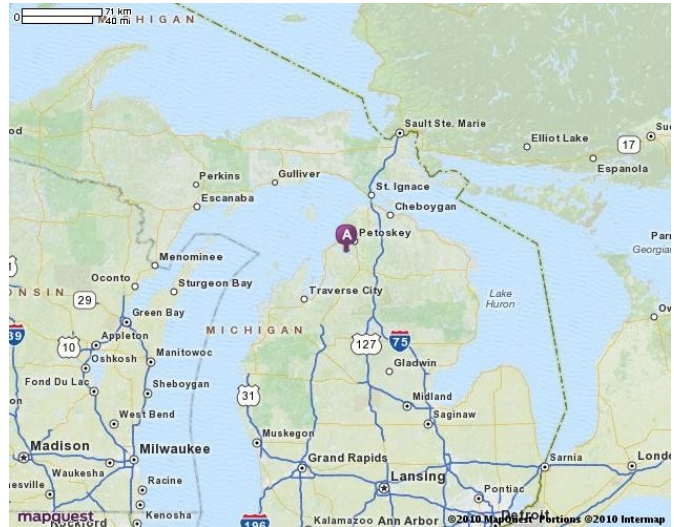
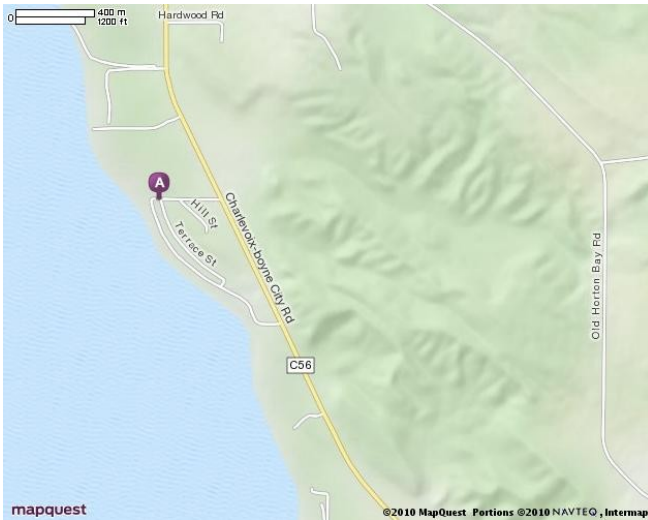
CONTACT WENDY BROOKS, DIRECTOR

TO REGISTER

brooksw@alpenacc.edu

Click here for Google [Map to Park of the Pines](#)

4094 Springwater Beach Rd.
Boyne City, MI 49712-9232



From the South:

Merge onto I-75 N toward FLINT. Take the M-32 exit, EXIT 282, toward GAYLORD / ALPENA. Turn LEFT onto MI-32 / W M-32 / W MAIN ST. Continue to follow MI-32. Turn RIGHT onto US-131 / MI-32. Continue to follow US-131. Turn LEFT onto MI-75. Turn RIGHT onto N EAST ST / MI-75. Turn LEFT onto STATE ST. Turn RIGHT onto N LAKE ST. Stay STRAIGHT to go onto W MICHIGAN ST. Turn SLIGHT RIGHT onto CHARLEVOIX-BOYNE CITY RD. Turn LEFT onto SPRINGWATER BEACH RD (Portions unpaved). 4094 SPRINGWATER BEACH RD is on the RIGHT.

Senior High Retreat @ Park of the Pines Community of Christ

CONSENT AND RELEASE FORM

Liability Release

In consideration of the right of _____ (name of participant) being accepted by the *Community of Christ* for participation in the *Senior High Retreat at Park of the Pines from September 24-September 26, 2010*, we (I) do for ourselves (myself) and for and on behalf of my child-participant (if said child is not 21 years of age or older) here release, forever discharge and agree to hold harmless the *Community of Christ* and its directors, agents, employees, assigns, and any subordinate units from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occurs while said child is participating in above listed activities. We (I) have listed below any activity that my child should not participate in.

Further, authorization and permission is hereby given to said organization to furnish any necessary transportation and food for this participant.

The undersigned further agrees to hold harmless and indemnify said organizations, its directors, employees, and agents, assigns, and subordinate units for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: We (I) are the parent(s) or legal guardian(s) of this participant, and thereby grant our (my) permission for him (her) to participate fully in said event unless specific activities have been listed below. I also give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I also agree that, if my child has an illness on the day of departure which could be harmful to him/her or to others, he/she will not be allowed to participate.

Further, I hereby give consent to and authorize the taking of photographs or videotape in which my child may appear. I hereby waive all right of privacy in and to any said pictures or tapes.

PLEASE LIST ACITIVITES CHILD CANNOT PARTICIPATE IN:

Authorization Signatures

We (I) have also read and agree to all statements in the liability release. We (I) consent to our (my) child's participation in the above activities.

Parent's/Guardian's Signature

Date

Senior High Retreat @ Park of the Pines Community of Christ

PARTICIPANT'S NAME _____ EMAIL _____

PARENTS' NAME(S) _____ PHONE _____

Address _____
(number & street) (city) (state) (zip code)

Participant's Birthdate: _____ Grade in School: _____ Home congregation _____

HEALTH INSURANCE INFORMATION

Health Insurer _____ Insurance# _____ Group # _____

Physician Name _____ Phone# _____

Person(s) to be notified in case of emergency if parent cannot be reached:

Name _____ Phone# _____

Name _____ Phone# _____

HEALTH ISSUES & HISTORY

List any special conditions such as bedwetting, fainting, sleep walking, or allergies participant has:

List any health, behavioral or emotional problems participant has, including current infectious diseases:

List any medications participant takes:

Name	Frequency	Dosage

Date of Last Tetanus Shot _____

ACTIVITY RESTRICTIONS

In regards to my child's health issues, I do not want _____, to participate in the following types of activities:
(child's name)

I have discussed these restrictions with my child and he/she understands them and agrees to abide by them.

Participant

Parent/Guardian

Date

Witness(optional)