

Winter Retreat for 6th - 12 grade Youth



What: A Winter Retreat at **LUTHER POINT BIBLE CAMP!**

Where: Luther Point Bible Camp near Grantsburg WI 715-689-2882 (caretaker's phone)

When: **December 29 - 31, 2017**

We'll meet at church at **3:00 p.m.** and then head out for tons of fun! We'll be back by **noon on Sunday.**

Who: For youth in 6th –12th grades. **We have room for 12 youth.**

Cost: **\$35** (for lodging) **and a food item**, as we will make our own meals; Linda will contact you about what to bring.

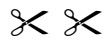
What you need to bring: **sleeping bag and pillow**, towels, necessities, change of clothes for a couple of days (bring **warm** stuff!), winter clothes and boots, p.j.s, and snacks to share! Bring your own pop, if you want. We will have juice, too.

So, what are we going to do there? We'll have Bible studies, discussions, group activities, games, tubing, and we'll play in the snow (if there is any)! There will be worship, singing and *may* be a variety show! Together, we'll work as a group to keep the lodge clean, make meals, and clean the kitchen!

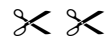
It promises to be a FUN WEEKEND!!!



Questions? Call or text Linda at 651-261-7880; leave a message at 257-5129, ext. 23; or email linda@trinitylindstrom.org.



(Keep the top part. It has information you'll need...)



Winter Youth Retreat

December 29-31, 2017

I hereby give my consent to have my child, _____ participate in the **Winter Retreat at Luther Point Bible Camp in Grantsburg WI on December 29-31, 2017** with the Trinity Lutheran Church Youth Group.

I recognize that there are risks involved in participating in this activity with Trinity Lutheran Church and hereby assume all risk of injury, harm, or damage to my minor child as they participate in this activity. I hereby release and agree to hold harmless Trinity Lutheran Church and its employees, organizers, and any volunteers assisting in the program, from any and all liability and claims arising out of my child's participation in programs and related activities. I hereby release Trinity Lutheran Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during the event.

In case of emergency, where I cannot be reached, I hereby authorize Trinity Lutheran Church to administer necessary first aid or seek emergency medical attention for my child. I hereby authorize an adult leader of this event, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and/or hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor's office or in any hospital. I expect to be contacted as soon as possible. I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

I give my permission for my child to be photographed/videotaped. I understand that the images may be displayed in church publications, church building, website and/or social media. I understand that as a precaution, my child's names will NOT be published or linked with photographs.



SIGNATURE OF PARENT/GUARDIAN:

_____ Date _____

| | | | |
|--|--------------------------------|------------|-----------|
| Parents: Would you be willing to: | Drive to / from Luther Point? | Yes | No |
| | Spend the weekend chaperoning? | Yes | No |

EMERGENCY INFORMATION

In case of emergency, please contact (when parent/guardian cannot be reached):

Name _____

Phone(s) _____

MEDICAL INFORMATION

DOCTOR _____ Phone _____ or

CIRCLE ONE: C. L. Clinic 651-257-8400 ♦Fairview-Wyoming 651-982-7000 ♦St. Croix Clinic 1-800-642-1336

Please list any allergies _____

Medications being taken _____

Medical/dietary needs _____

Physical handicaps or limitations _____

Medical insurance company _____

Policy # _____ Group # _____