

High School Winter Camp @ Camp Forest Springs

Jan 2-4, 2009

To: Campers & Parents

It's finally time for winter camp! Please turn in all forms and fees (\$100) by Sunday, Dec 7th.

We have a limited number of spots, so turn your forms in soon to reserve your spot.

We will load the bus/vans at 3:45 PM on Friday, January 2nd; meet in the Youth Room.

Please be on time; we have some details to cover and want to get on the road as quickly as possible.

We will return to Bethesda about 2:30 PM on Sunday, January 4th. If we will be much later, we will call.

In case of emergency, the number for Camp Forest Springs is (715)427-5241.

Our Speaker will be Pastor Shawn Bowman from Jamestown, ND.

He is the Pastor where we will be going on this summer's mission trip.

What to Bring:

- _____ Sack lunch & drink for the trip to camp
- _____ Warm clothes, extra socks, plastic bag to put wet stuff in
- _____ Winter snow gear - snow pants, snow boots, 2 pairs of gloves/mittens, hat
- _____ A watch to be on time
- _____ 1 or 2 pairs of shoes
- _____ Personal hygiene stuff - toothbrush, toothpaste, soap, shampoo, towels, etc.
- _____ Sleeping bag & pillow
- _____ Bible, pen & paper
- _____ Spending money for snacks and rentals
- _____ Flashlight
- _____ (optional) Skis or snowboard - rentals may be available


*Please pack efficiently. Have one bag and sleeping bag and one small bag with lunch and stuff for the ride to camp.

What NOT to Bring:

Electronics, Gameboys, CD players, pets of any kind, cell phones, iPods, etc.

Valuables: jewelry and favorite things easily lost

Please tear off bottom and turn in to Pastor Adam

 Retreat Release Form All participants must complete this form.	_____
Last Name First Initial	_____
Birthdate Age	____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian (if under 18 years of age)	_____
Address	_____
City/State/Zip + 4	_____
Home Phone # Emergency Phone #	(____) _____ (____) _____
Health Insurance Company	_____
Insurance Policy # Expiration Date	_____
List any physical or health conditions that may affect you/your child's experience at camp: Are you or your child allergic to anything? If so, what action is required if exposed? I certify that my child or I am in good health, free from communicable diseases, and is able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery for me/my child as named above. I also understand that my/my child's participation in this activity can expose me/my child to dangers both from known risks and unanticipated risks. I hereby release and discharge Camp Forest Springs, its officers, agents, and employees from any and all claims or liability for personal injury or property damage I/my child may suffer while participating in the activity.	_____
Signature of participant or parent/guardian (age 18 or older) Date	_____
Please Note: Wisconsin state law requires that all medication brought to camp by a camper under 18 years of age be kept by the sponsoring organizations adult leadership in a locked unit, and to be	