



# CYF Retreat - \$25.00

(9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> grades)

Saturday, March 3<sup>rd</sup> & Sunday, March 4<sup>th</sup>

Coolwater Christian Church

28181 N. 56<sup>th</sup> Street, Scottsdale

We will start at 10:00 a.m. on Saturday.

Departure/Pick-up time is 10:30 a.m. on Sunday.

**Sponsors must accompany youth. No charge for Sponsors.**

1 Sponsor required for 1 - 5 Youth, 2 Sponsors required for 6 - 10 Youth, 3 Sponsors required for 11 - 15 Youth

*BRING: Bible, sleeping bag, pillow, personal items, clothes for church, Offering, and possibly money for a fast food stop on the way home.*

If you have questions - call the Regional Office 602/468-3815

**REGIONAL OFFICE DEADLINE: Tuesday, February 21<sup>st</sup>**

Forms need to be processed through church office and signed by Congregation Pastor.



## CYF RETREAT -REGISTRATION/MEDICAL RELEASE

This form serves as both permission slip/registration and medical release and must be signed by congregation Pastor and by a parent or guardian. We are required to have this form on hand at the event. You will not be allowed to participate without this form. Parent/Youth agree that youth will stay on site for the entirety of retreat.

**Any other arrangements MUST be made preceding retreat with Retreat Director. (i.e. late arrival/early departure)**

NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ EMAIL \_\_\_\_\_

CHURCH \_\_\_\_\_

In the event of an emergency where medical treatment is required, I give my permission to the church staff or sponsor to obtain medical help. Please attempt to notify me immediately concerning any such emergency.

PERSON TO NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_

COMMENTS OR MEDICAL INFORMATION \_\_\_\_\_

Yes No

\_\_\_\_ AUTHORIZATION to dispense PRESCRIPTION medication.

\_\_\_\_ OVER-THE-COUNTER MEDICINES (Such as Tylenol, Pepto-Bismol, when necessary).

\_\_\_\_ PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED WHILE AT RETREAT

(Photos may be used on Regional Website, Regional Newsletters, and/or promotional materials.)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONG PASTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*\*ALL ARIZONA REGIONAL EVENTS ARE DRUG, ALCOHOL, AND TOBACCO FREE.*