

Spring Retreats for Youth

February 28-March 1

Disciples Center/ Tawakoni



The Retreat will include both middle school (Chi Rho) and high school (CYF) youth and adult sponsors.

Keynotes will feature **Rev. Rob Tulloch**, an ordained minister serving Hillside Christian Church in Wichita. Rob has 3 dogs and a wife. He came to Kansas from Idaho and youth have found him to have a listening ear and a heart of care.

Theme: Disciples Identity Statement

Program:

Friday, 7:00 p.m.—
eat before you arrive

Program ends Sunday
morning—10:45 a.m.



Christian
Youth
Fellowship

Fee — \$65

Due at FCC office
by Friday, Feb. 18th
church will pay ½

**Bring: Sleeping bag,
Towels, Personal
Items, — and an
Offering & an
Open Heart!**

Name _____ circle: Male | Female | Grade: _____

Address _____ circle: Youth | Adult Sponsor

City/State/Zip _____

Phone: () _____ e-mail _____

Home church, City/State _____

Note any special need including diet needs: _____

Required: My Adult Sponsor is: _____

Each church is expected to send **1 adult for every group of 6 youth**—OR, smaller groups are expected to find other groups with whom the youth may share sponsors.

HEALTH FORM

Immunization: Date of last Tetanus shot _____; Tetanus booster _____

Weight: _____ **Height:** _____

Health Concerns: Allergies

Allergic to: Penicillin _____ Sulfa _____ Insect Stings _____ Poison Ivy _____ Athletes Foot _____

Subject to: Asthma _____ Convulsions _____ Skin Rash _____ Fainting _____

Diet Restrictions:

Medications: If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on container. If applicant is on any regular medication, state drug and dosage: _____

Applicant may have: _____ Acetaminophen _____ Ibuprofen _____ Aspirin _____ Antihistamine _____

Person to notify in case of emergency:

Name: _____ Relation to Applicant _____

Phone (Home) _____ (Other) _____

Health and Accident Insurance: Please provide the following information:

Company _____ Policy Number _____

Part IV - In case of accident or illness:

I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant).

Signature: _____ Date: _____

**Please turn in registration form (permission slip on back) to FCC
office by Friday, February 18, 2020 with ½ fee. Scholarship available.**

PERMISSION SLIP FOR FIRST CHRISTIAN CHURCH ATCHISON, KANSAS

_____ has my permission to travel with Brad Greene
(Youth Name) (Sponsor Name)

To: Spring Retreat for Youth Disciples Center / Tawakoni, Augusta, KS
(Location &/or Event)

Person to notify in case of an emergency:

Name: _____

Relationship to Youth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Health and Accident Insurance: Please provide your insurance provider or an attached copy.

Name of Company: _____

Policy Number: _____

Allergies/Medications/Medical Conditions: _____

In case of accident or illness, I hereby give permission to the physician selected by the Group Leader to hospitalize secure proper treatment for and/or order injections, anesthesia, or surgery for the above named individual.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date