

UNFROZEN 2012

SWO NYI WINTER RETREAT



January 20-22, 2012 | Higher Ground Camp

UNFROZEN 2012

SWO NYI WINTER RETREAT

Friday, January 20th

6:00 PM – Arrivals/Check-in

Higher Ground Conference and Retreat Center
Dorm 1 Central Meeting Room

7:30 PM – Worship with guest speaker and Craig Michael Aven

10:00 PM – Late Night Activities and Snacks

Midnight – Lights out

Saturday, January 21st

8:00 AM – Breakfast

9:00 AM – Quiet Time

10:00 AM – Depart for Perfect North Slopes (tubing is included)

Lunch is provided.

3:00 PM – Leave for Higher Ground Conference and Retreat Center

4:00 PM – Clean Up for Dinner and Evening Service

5:30 PM – Dinner

6:30 PM – Worship with James and Kelly Smith, and Craig Michael Aven

9:00 PM – Late Night Activities and Snacks

Sunday, January 22nd

8:00 AM – Breakfast

9:00 AM – Clean-up/Pack up

10:00 AM – Worship with Craig Michael Aven

11:30 AM – Depart for Home

Packing List

- Clothes for tubing/skiing including warm outerwear, boots, hat and gloves.
-Bring extra sets of clothes for worship and activities, very casual dress for both.
- Sleepwear
- Toiletries: Basically EVERYTHING you need to get ready in the morning.
- Sleeping Bag or Sheets/Blankets (to place on mattress of bunk bed) and pillow
- Bible
- Pen/pencil

If you have medicine that you need to take, please bring it in the original packaging or prescription bottles and give it to our nurse upon check-in.



Registration and Medical/Liability Release Form

SWO NYI Winter Retreat

Personal Information

First Name: _____	Last Name: _____	Gender: _____
Street Address: _____	City: _____	
State/Province: _____	Zip/Postal Code: _____	DOB: _____ (mm/dd/yy)
Email Address: _____	Home Phone: _____	
Local Church: _____	Cell Phone: _____	
Event: SWO NYI WINTER RETREAT JANUARY 20-22, 2012		

Parent/Guardian Contact Information

Name _____	Relationship _____
Home Phone _____	Work Phone _____
Cell Phone _____	Email _____

Health Information Necessary for Proper Care and Protection

*For additional space, use back of page for answers

In order to assist medical personnel in an emergency situation, please provide the following:

Describe any health issues or diagnoses including behavioral issues:	Family Physician: _____
Please state any limitations:	Physician Phone: _____
Any allergies to medication?	Recent exposure to communicable disease? Yes _____ No _____
List all current medications, dosages, and directions:	If yes, explain: _____
Date of last tetanus shot:	Do any foods cause allergic reaction? Yes _____ No _____
	If yes, explain: _____
	Is there anything else we should know? _____

Insurance Information

Primary Name: _____	Insurance Company: _____
Policy Number: _____	Group #: _____

A photo copy of the front and back of the insurance card must be attached to this form.

Authorization for Medical Treatment & Parent/Guardian Permission

In the event I cannot be reached, I authorize and direct any adult volunteer representing SWO NYI to make emergency medical decisions for my child. Therefore, I (name of parent or guardian), _____, hereby authorize that emergency medical and/or surgical care may be provided for _____ at my expense.

I also hereby release and discharge SWO NYI, and their affiliates, along with any other chaperoning adult employees or volunteers of SWO NYI, its agents, employees, officers, directors, affiliates, successors, assigns and all other, from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and natures, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child's participation in any and all

Due with \$75 Deposit by December 29

January 20-22, 2012

Registration and Medical/Liability Release Form

activities associated in any and all ways during SWO NYI Winter Retreat 2012. I have full knowledge as to such activities, and I have full knowledge of the probable risks involved. Except for those limitations named in this health form, I certify that (name of child) _____, is healthy and fit to participate in all such activities.

Further, I acknowledge that SWO NYI and/or their agents will be taking photographs and/or videos of SWO Winter Retreat 2012 events and that my child may appear in those photographs and/or videos. I hereby give my permission to SWO NYI to utilize event media in all forms and in all manners for marketing, promotional, and future event development.

In addition, I acknowledge that this release form also includes travel dates to and from the event with my sponsoring local church.

Signature _____

Relationship _____

Date _____

The following section must be completed by a Notary Public.

Before me, a Notary Public, in and for said County and State, this _____ day of _____, 20____, personally appeared _____ and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE OF _____

COUNTY OF _____

Notary Public Signature _____

Commission expiration date _____

Guidelines

1. NO fireworks, fire igniting instruments (matches, lighters, etc.), weapons (knives, guns, etc.), tobacco, drugs or alcohol. Violators WILL be sent home.
2. Repair of any property damage will be the financial responsibility of the party/parties responsible for causing the damage. Any items lost or stolen are not the responsibility of SWO NYI – mark all items with camper's name.
3. Immoral conduct, vulgarity, profanity or disrespectful attitudes or behavior will NOT be tolerated.
4. MODESTY is the dress code for everyone.
5. Participants must abide by the posted curfew hours. Students missing services and unsupervised male/female meetings are not allowed. Violators WILL be sent home.
6. All medication is to be turned into the nurse; even OTC meds. Inhalers and Epi-pens are to be kept on your person after being cleared by the nurse and all counselors being informed.
7. No person is allowed to leave the premises without the permission of the retreat leader.
8. No one other than registered students, counselors and event personnel are allowed on the event premises at anytime without special permission from the retreat leader or event leader/director.
9. For overnight events, regulations require that all mattresses are to be covered with a sheet even when a sleeping bag is used.

Parent/Guardian Signature _____

Student Signature _____

Date _____

Date _____

SWO NYI Winter Retreat

Please return your form and deposit to: **SWO NYI Winter Retreat**
7943 Tylersville Road
West Chester, OH 45069

Due with \$75 Deposit by December 29

January 20-22, 2012