

Ignite Retreat 2019

Well, it is that time of year again to pack up your stuff and leave for an exciting, fun-filled retreat! Your leaders are super excited to be heading up to Camp Crossroads with you and enjoy some time away. We are looking forward to hitting the tube run, going ice-skating, skiing, playing games inside, and just hanging out! We are also looking forward to some great worship time and being taught God's Word. We believe that you be truly blessed, so please sign up and join us.

The cost of the retreat is **\$130**. If writing a cheque, please make it out to: PORT ROWAN MB YOUTH GROUP.

Please sign up and pay for the retreat as soon as possible! We will be leaving from the Church Tuesday January 29th at 1:00pm and will be returning Friday February 1st around 6:30pm. Parents, if you have more than one youth attending, then it is **\$100** for each additional child.

THINGS TO BRING TO PACK!

- * Bible
- * Paper and Pen (note taking)
- * Warm Clothes
- * Pillow
- * Sleeping Bag
- * Games (card/board)
- * Ice Skates

- * Hockey Sticks, Gloves, Helmet
- * Outdoor Apparel
- * Extra \$\$ for snacks
- * Winter boots and gloves
- * Toiletries (shampoo, conditioner, soap, etc..)
- * Towel

There are probably more things to bring than what was mentioned above, but this will get you started.

Please make sure you bring extra money with you for food because we will stop on the way to camp and on the way home as well.

The Youth Leadership Team

**Medical and Liability Release Form
Ignite Youth Retreat**

Youth Retreat Dates: January 29—February 1, 2019

Name _____ Birthday _____

Address _____

Phone # _____

Health Card _____

Dr. _____ Phone # _____

Emergency Contact _____

Phone # _____ Relationship _____

1. I hereby give permission for my child to participate in the full youth retreat weekend program including all winter related sports and indoor activities.
2. I agree that my child shall comply with the rules of Camp Crossroads and the directions of the Port Rowan MB Church Youth Pastor, Sponsors and workers. In the event that the above-mentioned personnel deem my child's behaviour unacceptable, I understand that my child may be sent home at my expense and that there will be no refund of retreat fees.
3. In the case of medical emergency, if I am unable to be contacted, I hereby authorize the physician selected by the Port Rowan Youth sponsors to provide medical treatment for my child at my expense.
4. I, the undersigned, hereby release the Port Rowan Mennonite Brethren Church, its employees, and volunteers from any and all actions, claims or any type of liability whatsoever in the event of any accident, misfortune which may occur to my child during the retreat period indicated on this form.

I have read and agree to all above conditions of registration.

Signature of Youth _____ Date _____

I have legal custody of the named child and have read and agree to all the above conditions.

Signature of Parent/Guardian _____ Date _____