

2017 Fall Retreat for Children
(grades 4-6)

September 22-24
Hidden Falls Camp
Theme: **LET'S EAT!**



Chaperones:

Ben Clark	Sherry Brockman
Mike Norman	Tabatha Wetherington
David Garrard	Stephanie Bell
Mark Monfalcone	Ginny Donnell
James Rheaume	Frances Bell
David Fletcher	Erin Wilcox

Location: R.R. 16 #1250
Bedford, IN 47421

Emergency Phone: 812-279-2495

Cost: The total cost for this retreat is \$95.00 per child. This includes meals, snacks, lodging, program materials and a retreat T-shirt! Checks should be made payable to St. Matthews Baptist Church. A \$25 deposit must accompany each reservation and is due September 6. Balances are due September 17. (Scholarships are available. See David G.)

NOTE: Cancellations after September 20 may not be refunded.

Schedule: We will leave the back parking lot (behind the worship center) at 5:30 p.m. Friday afternoon. Please be on time, and please **EAT BEFORE YOU COME.** We will have a snack when we arrive. We will return Sunday at approximately 2:30 p.m.

DRIVERS NEEDED! Please call David Garrard If you can help with transportation.

What to bring:

- ◆ Warm clothes, especially something suitable for playing outside.
- ◆ Towels, washcloth, soap, and other personal hygiene items. **PILLOW & BLANKET**
- ◆ A good flashlight with your name on it.
- ◆ A Bible, preferably a modern translation (Good News, NIV)
- ◆ Completed health form and camper's covenant.
- ◆ Swim suit! (Lifeguards on duty.) Plastic bag for wet things.

Note: We will be sleeping in cabins that are winterized and climate-controlled! **Linens are not provided.** Campers will need sheets or a sleeping bag. **Pillows & blankets are not provided.**

◆ MAKE SURE YOUR NAME IS ON ALL PERSONAL BELONGINGS ◆

Retreat Covenant & Registration Form
Fall Retreat for Children
September 22-24, 2017

(please complete and return to David Garrard, 3515 Grandview Ave. 40207)

Name _____

Age _____ Grade _____

Address _____

Phone _____

_____ Zip _____

Are you a Christian? YES ___ NO ___

Have you been baptized? YES ___ NO ___

Where do you go to church? _____

As a participant in the Fall Retreat for Children, I agree to obey the following rules of cooperation in order to insure a Christian atmosphere and a good experience for all.

1. I will abide by all requests and instructions of the retreat director and retreat counselors.
2. I will not bring or use fireworks, tobacco, radios, iPods, cell phones, electronic or handheld games or other disruptive materials to camp. **I will also not bring food or candy** to camp (Hidden Falls prohibits food in the cabins).
3. I will follow the retreat schedule faithfully, being on time, in the right place, ready to participate as the schedule indicates. This includes wakeup and lights out times. (No one is permitted outside of his or her cabin between lights out and wakeup.)
4. I will participate fully in the activities of the retreat, including Bible study, worship, sharing, fellowships and recreation.
5. I will come to the retreat with an attitude of expectation of what God can do with my life through this experience.

Signed _____
(child)

Witness _____
(parent or guardian)

Fall Retreat for Children Medical Information and Release

(please complete and return to David Garrard, 3515 Grandview Ave. 40207)

Name _____ Age ____ Male ____ Female ____

Parent's Names _____

Home Phone _____ Work Phone _____

Emergency contact other than parents _____

Phone _____

Any chronic health problems that limit physical activity? Yes ____ No ____

If yes, please explain _____

Currently taking any medication? Yes ____ No ____ If Yes, please give drug name and condition being treated _____

Any drug allergies? Yes ____ No ____ If Yes, please explain _____

Any allergies to food or insect stings, etc? Yes ____ No ____

If yes, please explain _____

Date of last tetanus shot _____

Has your child been exposed during the last 3 weeks to any of the following: chicken pox, measles, "the flu?"

Yes ____ No ____ If Yes, please explain _____

Medical Insurance (Company Name) _____

Name of policyholder _____

Policy Number _____

I hereby grant permission to any licensed physician to render emergency medical or surgical care to my child, in the event that I cannot be reached by phone at the above numbers during September 22-24, 2017.

Parent or Guardian

Date

Witness

Date