

## General Release

I/We, \_\_\_\_\_ after careful consideration, give permission for my/our child/ward, to participate in the Georgia District Church of the Nazarene (hereinafter "District") sponsored Fall Retreat, to be conducted from Sept 30 - Oct 2. I/We are aware of the purpose and scope of this event. I/We recognize that it is an extraordinary church function and accept responsibility for the general and normal risks involved in this activity. Therefore, in consideration of the District permitting my/our child/ward to participate in this Event, I/we release the District, their respective members, officers, directors, subcontractors, employees and/or agents of liability for any injuries and/or losses which may occur or arise out of [whether directly or indirectly] by way of our child's/ward's participation in such activity, except those caused by the willful, wanton, reckless or malicious actions of said District and their respective members, officers, directors, sub-contractors, employees and/or agents. I understand camp may/will include several off campus activities.

I/We further accept responsibility for my child's/ward's actions and agree to be financially liable for any damages resulting from unacceptable behavior.

If it is necessary for my/our child's/ward's health to have medical, surgical and dental care administered, I/we give permission for the trip leader to authorize this care for (Child's Name) \_\_\_\_\_ for the period of the activity as part of the NYI Event.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Home # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Legal Guardian \_\_\_\_\_

Notary Public \_\_\_\_\_ Witness \_\_\_\_\_

This form must be notarized for your child to attend camp.



# CAMPER REGISTRATION FORM

*Fall Retreat is for*

*7th graders thru 12th graders*

**Location: FFA-FCCLA Camp  
720 FFA FHA Camp Road  
Covington, GA**

***September 30 - October 2***  
**Georgia Nazarene Fall Retreat**

# Registration Form

**COST: \$100.00 if postmarked by September 8th.**

After September 22nd – \$120.00.

Walk on – \$140.00

Please send your \$45 non-refundable deposit and completed registration form to:

**Kris Scarbrough**

**113 Spring Lake Circle**

**Brunswick, GA 31525**

**(912) 267-6356**

Make Checks payable to: Georgia NYI

## Things to bring:

BIBLE	DEODORANT	BEDDING	TOOTHBRUSH
TOOTHPASTE	TOWELS	SOAP	FLASHLIGHT
SUNSCREEN	EXTRA MONEY FOR SNACKS,.		

**RULES: ABSOLUTELY NO: firearms, knives, fireworks, matches, tobacco, alcohol, boom boxes, video games, or drugs! (All prescription medications must be given to the nurse upon arrival)**

**During the retreat the following dress code will be enforced:**

**Shorts must be modest, No spaghetti strap tops, No undergarments should be showing at any time**

**NO ONE WILL BE ALLOWED OUT OF THE CABINS AFTER CURFEW!**

**Check in begins Friday at 6:00 pm. Service will begin approx 9:00 pm. No dinner will be served but the Snack Shack will be open after service.**

EMERGENCY PHONE CALLS ONLY: 770-786-6926

**(Please print neatly)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Current grade level: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Local Nazarene Church You Are Attending With: \_\_\_\_\_

Two (2) Choices For Cabin Mates: \_\_\_\_\_

## Medical Information (Important!)

Date of last Tetanus shot \_\_\_\_\_

Does camper have: Heart Trouble, Asthma, Epilepsy, Diabetes, Allergies, etc.

Additional information that would assist the camp nurse

Do you have any special diet needs? \_\_\_\_\_

**I understand that this is a church activity and I promise to maintain a high standard of conduct. I promise to obey my chaperone(s) and trip leader(s) and to follow the Rules and Regulations of the camp and the Church of the Nazarene.**

\_\_\_\_\_  
Signature of Camper