

Youth Fall Retreat

Grades 9-12

September 30- October 1, 2017

Camp Friendship - Annandale, MN



Meet at Family of Christ at 3:00pm Saturday, Sept. 30th

Return to Family of Christ at 5:00pm Sunday, Oct. 1st

***Welcome Event for all 9th Grade Confirmands**

Cost: \$20.00 Grade 9 Confirmation Rate

\$30.00 Grades 10-12 (Scholarships Available)

Located on Clearwater Lake, Camp Friendship is the perfect space for our Fall retreat! This is a perfect opportunity to connect and develop small groups, foster a sense of identity and belonging, and grow closer to God. Activities include: High Ropes/Low Ropes courses, swimming beach, gym, game room, soccer, basketball, volleyball, hiking, canoeing, paddleboats, bonfires and Worship. Also, 9th Grade Students will have designated time to work on Rite of Confirmation Family Conversation Project.

Got questions? Contact Nate Speerbrecker at nspeerbrecker@foclutheran.org or (763) 434-7337 Ext. 16

.....(Detach and return by September 7th)

Youth Fall Retreat @ Camp Friendship

September 30 - October 1, 2017



Student's Name: _____ M / F Grade: _____

Phone: _____ E-mail: _____

\$30.00 (Checks payable to "Family of Christ") Youth Account _____

\$20.00 (9th Grade Confirmation Rate) Youth Account _____

Consent: The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by FAMILY OF CHRIST LUTHERAN CHURCH on September 30 - October 1, 2017 at Camp Friendship, Annandale, MN.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

I further release FAMILY OF CHRIST LUTHERAN CHURCH and its ministers, leaders, employees, volunteers and agents from any claim that my child may have, or that I may have, against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against

FAMILY OF CHRIST LUTHERAN CHURCH or its ministers, leaders, employees, volunteers, or agents.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Family of Christ Lutheran Church.

Signature of Parent/Guardian

Date

Phone # where parent can be reached during event