

# Winter Retreat

Feb 20-21



## WINTER RETREAT 2010 REGISTRATION FORM

Name \_\_\_\_\_ male/female

Grade 6 7 8 9 10 11 12 Leader

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_

Business Phone (parent/guardian) \_\_\_\_\_

WHO?- All middle and high school students and leaders

WHEN?- Meet at the church Saturday February 20th at 10 AM. We will stay at Great Wolf Lodge and waterpark- bring your swimsuit! We will return to the church by 2 PM Sunday, February 21st.

COST?- \$100 Covers transportation, meals, lodging, waterpark pass etc. (2nd child or more is 1/2 price)

**\$50 non-refundable deposit due with registration by January 31st. Balance due by February 14th.**

Bring registrations on Sunday mornings or mail to the church at the address below.

### Questions??

Crossroads Christian Church  
4128 Todds Road  
Lexington, KY 40509

Phone: 859-263-4633 x245  
Mobile: 859-321-9235  
E-mail: ktuttle@xroadschurch.org or  
skettenring@xroadschurch.org



**Please complete the Medical and Liability Release Forms on the following page**

## MEDICAL INFO and CONSENT FOR MEDICAL CARE

I (We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize the person presenting this form to call a physician and to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable for (my)(our) child.

It is understood that a conscientious effort must be made to notify (me) (us) before such action is taken. It is further understood that we release the person presenting this form of all liabilities connected with the transportation, diagnosis, treatment, hospital care and expenses necessary for the treatment of (my) (our) child.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please list any medications your child is currently taking and/or any other special instructions as it would relate to an emergency:

Date of Birth \_\_\_\_\_

Allergies:

Insurance Info (Carrier/Policy # etc.) \_\_\_\_\_

*In the event your child needs medical care, this form is not binding unless notarized*

### RELEASE/DISCLAIMER of LIABILITY

I, \_\_\_\_\_ (Child's Name) in consideration of the benefits derived from my participation in any event or retreat administratively organized by Crossroads Christian Church (CCC) do voluntarily release Crossroads Christian Church, its officers and employees from all suits, actions, claims, demands and liabilities which may arise from my participation in this trip.

I recognize that the conditions in some of the places to which I will travel may not be the same standards as the conditions to which I am accustomed. I realize further, that there could be certain health risks as well as other risks to me and my property, and I enter into participation in the trip with knowledge of those risks.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal or property damages, arising out of my participation in the trip. No provision of this document shall, in any way, limit my right to make claims against persons other than CCC, its officers and employees.

Parent Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

**Please sign and complete this entire form and return it to the church office along with your deposit. Your spot is NOT reserved until we receive your deposit!**

**Questions??**

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