



2021 Youth Retreat

Join us December 10th – 12th 2021 for the annual Youth Retreat, which will be held at Camp Elim in Woodland Park CO. about 45 minutes away from the church. Anthem will be coming together for a weekend of seeking God's face through worship and Christ-centered fellowship.

This year's cost is **\$180**. The deadline for all applications is **December 1st, 2021**. This cost includes housing, food, transportation and other expenses.

Come be a part of a great opportunity to ignite your faith in Jesus and strengthen your relationship in the body of Christ.



WINTER RETREAT FORM

I AM A...

- Student
 Student Leader
 Adult Leader

Personal Information

First Name: _____ Middle: _____ Last: _____

DOB (MO/DY/YR): _____ Age: _____ Gender: _____

Phone (home): _____

Phone (student's cell): _____

Email Address (student's): _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact

First Contact Info:

Full Name: _____

Relationship: _____

Phone (home): _____

Phone (cell): _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Second Contact Info:

Full Name: _____

Relationship: _____

Phone (home): _____

Phone (cell): _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

CONSENT FOR TREATMENT

I/We hereby agree to the performance of such treatment, anesthetics and procedures as deemed necessary in the opinion of attending physicians.

Printed Name: _____

Applicant's Signature: _____

Date: _____

Signature of parent or guardian required if applicant is under 18 years of age.

Parent/Guardian Signature: _____ Date: _____

RELEASE OF LIABILITY

I/We do hereby release The Springs Church, its staff, agents, and volunteer assistants from any liability whatsoever arising out of any injury, damage or loss which may be sustained by said person(s) during involvement with this activity.

Printed Name: _____

Applicant's Signature: _____

Date: _____

Signature of parent or guardian required if applicant is under 18 years of age.

Parent/Guardian Signature: _____

Date: _____

I certify that all information in this application is complete and accurate.

Applicant's Signature: _____

Date: _____

Signature of parent or guardian required if applicant is under 18 years of age.

Parent/Guardian Signature: _____ Date: _____

CONFIDENTIAL HEALTH FORM:

PERSONAL HISTORY

TO THE APPLICANT: This information is treated as confidential. Please print or type answers to **ALL** questions in English.

Full Name: _____

Date of Birth: _____

Please rate your health: __ Excellent __ Good __ Fair __ Poor

Do you have medical insurance? __ Yes __ NO If Yes, Name of Insurer:

Insurance #: _____

Insurer Phone: _____

Type of Coverage (briefly):

Place 'X' on line if

Recurrent Headaches _____	High Blood Pressure _____
Hepatitis _____	Heart Trouble _____
Jaundice _____	Allergy _____ To What _____
Recurrent Diarrhea _____	Rheumatism/Arthritis _____
Intestinal Troubles _____	Paralysis _____
Kidney Disease _____	Back Problems _____
Diabetes _____	Insomnia _____
Venereal Disease _____	Dislocation of Joints _____
Anemia _____	Shortness of Breath _____
Fainting Spells _____	Tumor/Cancer _____
Weakness _____	

COMMUNICABLE DISEASES: Have you ever had any of the following?

If YES, please circle.

Skin Condition, Low Blood pressure, Eye Trouble, Ear Trouble, Head Injury, Allergy: Sulfonamides, Mental/Nervous Disorders, Asthma, Gall Bladder Problems, Epilepsy, Hay Fever, Stomach/Duodenal, Ulcer, Broken Bones Surgeries

Please explain any other illnesses, conditions, or surgeries you have had or are going through currently:

List all **Allergies**: Food, Medicine, Bees...

Are you presently under a **doctor's care** for any condition? No Yes Specify:

Are you presently taking any **medication**? No Yes

Specify:

Do you have a history of emotional instability or psychiatric treatment?

No Yes

If "Yes", when: _____

For how long: _____ Still in treatment? No Yes

Please explain: _____

Do you have any history with: eating disorders: No Yes?

Drug or alcohol abuse: No Yes

Sexual issues: No Yes

If "Yes" to any above, when: _____

For how long: _____

Currently? No Yes

Please explain: _____

Do you have any physical impairments, handicaps, or health conditions which require special attention on this trip? No Yes

Specify: _____

Chicken Pox Measles (Rubella) Measles (Rubeola) Mumps Pertussis Scarlet Fever

Tuberculosis OTHER (specify)



Winter Retreat Packing List:

CLOTHING:

Winter coat

Winter hat

Shoes/Boots

Gloves

Scarf

Underclothes

Warm Pajamas

Warm Clothes

*NO CELL PHONES/MUSIC DEVICES or
ANY ELECTRONICS allowed. Emergency
contact info will be provided to parents
at registration*

DEVOTIONAL ITEMS:

Bible

Journal/pens

PERSONAL ITEMS:

Toiletries/ Hygiene products

Pillow

Bedding (i.e., Sleeping bag or
warm bedding for twin bed)

Water bottle w/ name

Flashlight

Spending Money

