Friday, February 25th – Sunday, February 27th

CCH Fuel & Ignite Youth Groups & Invited Friends

(6th – 12th Grade)

Christian Retreat Center
369 CRC Drive
East Waterford, PA 17021

Meet: Community Chapel of Hesston on Friday, February 25th @ 5:00 PM

Return: Community Chapel of Hesston on Sunday, February 27th @ 6:30 PM

Cost: FREE

PLEASE turn your completed registration form/permission slips in by Sunday, February 13th. If you need extra permission slips for friends, please be sure to get one out of the youth room or visit our website @ www.hesstonchapel.com/youth-group. If you are inviting your friends, make sure they get a permission slip turned in on time as well!!

If you have any questions, please contact one of the youth leaders:

Pastor Doug Wagner
Nicole Wagner
Jamey Mansberger
Liz Mansberger

Ben Kilian
Nicole Kilian
Megan Brenneman
Teresa Mock

COMMUNITY CHAPEL OF HESSTON

WINTER CAMP PACKING LIST

WHAT TO BRING:

Sleeping bag or bedding, pillow, towel, toiletries, hardcopy of Bible, sports clothes, warm clothes, snow clothes, boots, gloves, flashlight, sneakers

*****Please have campers bags labeled for easy identification while unpacking*****

WHAT NOT TO BRING:

Tobacco, alcoholic beverages, drugs, computer games, TVs, magazines, knives, fireworks, any tight or short clothing, and no animals of any kind. **You may bring your cell phones, knowing that all youth leaders have the right to tell you when you can and cannot use them. Any argument you will lose your privileges for remainder of trip.**

CAMPER DRESS: *in striving to maintain modesty, please use the following dress guidelines…*

Both:

Please avoid clothing with any inappropriate advertising. As leaders we reserve the right to request a change in clothing deemed inappropriate. Any questions ask youth leader before wearing it. *(as leaders we have the right to request a change in clothing any time)*

Girls:

Recreational Dress – **NO LEGGINGS OR YOGA PANTS!!!** Sweatpants, jeans, or hand width above the knee length or longer shorts. Modest, loose-fitting tops. No tank tops or sleeveless shirts of any kind.

Guys:

Recreational Dress – Loose-fitting, hand width above the knee or longer shorts, or loose-fitting pants. No muscle shirts of any kind.

MEDICATIONS:

Please have your child's medications and dosage schedules listed on the registration form. A leader will hold on to your child's prescription throughout the weekend. Thank you for your cooperation in this matter.

CHRISTIAN CONDUCT:

As a Christian organization, CCH maintains high standards of conduct and separation. Campers who use tobacco, alcohol or any form of illegal drugs at camp will be sent home. Any campers who are uncooperative or non-compliant are subject to dismissal as well.

WINTER CAMP PERMISSION SLIP

Camper's Name: _______ T-Shirt Size: _____

Parent/Guardian Name:_____

Age: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact: _____ Emergency Phone: (_____) _____

Is this camper in general good health and able to participate in all normal camp activities? _____ Yes _____ No

(**Check Yes or no. If no, please submit a statement indicated limitations on back of this form**.)

List any allergies:

_____

List any ongoing health conditions (ie: asthma, etc):

_____

List any dietary restrictions:

_____

List all medications that your child is taking (***these must be left with the camp leader***)

_____

_____

Current tetanus shots/boosters are required. Indicate the date of your child's last tetanus booster:

_____

Most recent physical examination date:

_____

Primary Care Physician Name & Phone Number

_____

Parental Release

I certify that I am the parent or guardian of the above-named child. In case of medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper named above. In the event that I cannot be reached, I hereby give permission to the physician selected by the youth group leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named herein. I understand that Community Chapel of Hesston does not carry medical or accidental insurance for the camper participants, and I hereby certify that my child, named above, is covered by a personal insurance policy or is included in a policy which is in force. Further, I authorize routine medical dispensary care for the above named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense. In signing this registration, I hereby certify that all information is true and correct.

Signature of Parent/Guardian: _____

My Insurance Company: _____

Policy Number: _____

I also give permission for the use of photographs including my child in the youth group newsletter, the youth website, or social media

Signature of Parent/Guardian: _____