

REGISTRATION

FULL NAME

BIRTHDATE (m/d/yyyy)

GRADE

MALE / FEMALE

PARENT EMAIL

Are you coming with a friend? If so, what is their full name?

Included is my payment via:

- Cash
- Check # _____

(Make checks payable to Glenwood Community Church)

MORE INFORMATION

Glenwood Student Ministry (6th-12th grade students) meets Sunday mornings at 9:00 am and 10:30 am on the third floor, as well as Wednesday nights at 6:30 pm.

We want to see all students to begin to imitate and replicate the life of Jesus.

For more information about Glenwood Student Ministry, contact Andrew Zegan.

Andrew Zegan

360-571-3300

azegan@glenwoodcc.org

Glenwood
COMMUNITY CHURCH

Student Ministry

Winter Retreat 2025



Feb. 7th – 9th



Winter Retreat 2025!

We are headed to Camp Jonah! We will be mixing all our favorite ingredients for a good time: lots of great food... awesome night games... Bible studies... worshipping God... late nights with friends!

WHEN IS IT?

Meet at GCC: Fri., Feb 7th @ 4:00 pm

Arriving back: Sun., Feb. 9th @ 12:00 pm

HOW MUCH IS IT?

\$100

(Scholarships available, contact Andrew Zegan for more information)

DEADLINE TO SIGNUP

Registration & payment: Feb. 5th

WHAT SHOULD I BRING?

Bible, pen, notebook

Warm clothing (coat, hat, gloves, etc.), sleeping bag, pillow, grubby clothes & shoes (for night games), toiletries (soap, shampoo, deodorant, etc.), towel, flashlight with fresh batteries. You may also want to bring a camera, football or Frisbee, or card game to play with friends.

WHAT SHOULD I NOT BRING?

Please do not bring: any electronic devices such as cellphones or tablets. As well as firearms, illegal drugs, tobacco, alcohol or other controlled substances.



MEDICAL RELEASE FORM

I hereby give my consent for my son/daughter to attend the Winter Retreat 2025 sponsored by Glenwood Community Church in February 2025. Unless otherwise noted, I approve of his/her participation in all the activities connected with this camp, including transportation to and from the camp. I furthermore authorize the official leaders of the camp to stand in my stead in authorizing needed medical treatment in case of an emergency. Reasonable effort shall be made to contact me prior to the exercise of such authority.

PARENT/GUARDIAN FULL NAME

ADDRESS

PRIMARY CONTACT PHONE

SECONDARY CONTACT NAME

SECONDARY CONTACT PHONE

I agree to use my own medical insurance as primary coverage in the event of any medical treatment

Insurance Carrier: _____

Policy/Subscriber Number: _____

Name of Insured: _____

Allergies and/or medical information:
(attach additional information as necessary)

I also recognize that if my child behaves in an inappropriate manner, the leaders of this activity may call and request that I make arrangements for my student to return home at my expense.

PARENT/GUARDIAN SIGNATURE DATE



Don't miss out!

CAMP JONAH ACKNOWLEDGEMENT OF RISK FORM

All guests and staff of Camp Jonah must sign this waiver

31 Little Mountain Road, Trout Lake, WA, 98650 * 509-395-2900 * www.campjonah.com * jonah@campjonah.com

RELEASE OF LIABILITY:

As a guest of Camp Jonah (CJ), I understand that a certain amount of risk is involved for individuals engaging in our program. As a guest or camper I recognize the element of risk in attending camp and in any adventure, sport or activity associated with the CJ program. I am fully aware of the risks and dangers inherent in group and personal activities such as, but not limited to: hiking, rafting, caving, low and high challenge course, zipline, climbing wall, inflatables, swimming, backpacking, field games, etc.

I understand the possible risks and dangers of participating in group and individual activities. I realize that illnesses and injuries, carelessness, including failure to follow instructions, of other participants and CJ staff, may occur and may be the cause of loss or damage to equipment or personal injury, illness, and, in extreme cases, permanent trauma and death.

I certify that I have the necessary skills and ability to participate in CJ programs and assume full responsibility for myself for bodily injury, sickness, death and loss of personal property and expenses thereof as a result of my negligence in participation, except to the extent such damage or injury may be due to the negligence of the CJ staff.

I also agree to abide by the rules or instructions given to me either verbally or in writing by CJ staff. I further understand that CJ reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I assume any risk that could result while participating in the CJ program—either on or off-campus. I recognize that CJ cannot guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I understand that CJ has taken extensive measures to aid in the safety of all guests, campers, and participants. I agree to assume the risk of injury, illness, and expense that could result from my involvement at CJ. I release the property owners, CJ, its staff members, and Board of Directors from liability for any injury or illness to me while a guest or camper of CJ.

In the event that medical care is necessary, I (or parent/guardian) give permission to CJ staff to authorize transport, hospitalization, x-ray, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating; otherwise, I agree to bear the costs of any such injury or damage. My signature below certifies that I am in good health and do not have any medical or physical limitations that would affect my participation in CJ activities.

MEDIA RELEASE:

I give permission for CJ to use any photo or video of me/my child for CJ or promotional advertising. I release my rights to any kind of remuneration for said photos or videos.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in the said activity.

Participant's Printed Name

Participant's Age

Date

Signature of Adult Participant (18 years and older)

OR Signature of Parent/Guardian (of minor participant under 18)

Printed Name of Adult Participant

OR Printed Name of Parent Guardian

EMERGENCY CONTACT INFORMATION:

#1 Name _____ Phone # _____

#2 Name _____ Phone # _____

02/22/2022