

Recharge

February 8-10, 2019



What is Recharge?

Recharge is 40 hours of excitement and life change. Join youth and church groups from across the province as they participate in epic activities and teaching from the Word of God. This is for BOTH Jr. and Sr. High Youth.

Activities

Sledding, tubing, sports tournaments, rumble ball, ice cube challenge, cardboard sled race, live music & drama, scavenger hunt, campfire, Cardiac Grill Coffee House, paintball, high ropes course, mega pizza party, great food, snow sculptures, exciting team competition, engaging relevant Bible teaching and much more! Participation in many of these events can earn our youth group points, which may or may not result in winning the Recharge Belt for 2019. Double points for leaders who do the ice cube challenge.

We will leave from Benton on Friday at 4:30pm. Bring a bag lunch or some money for Friday dinner. We will be stopping at a THD and Subway on the drive up. We will return on Sunday around 2:30pm.

What to Bring:

- Bible, notebook, and devotional
- Pillow, sleeping bag, and toiletries
- Warm, weather appropriate clothes
- Friends
- Towel and clothes for the ice cube
- Running shoes and gym clothes for sports
- Money for Snack Shack, and The Grill
- Leave your cell phones at home!

Early early bird deadline – now till Nov 2nd - \$90

Early bird deadline – Nov 3rd till Dec 16th - \$100

After Dec 16th till we fill up - \$120

Space is limited, so bring your friends and sign up early!

Contact Breanna at the church office or Holly DeBoer for more info. 519 745-3792

Word of Life Bible Institute

RECHARGE PERMISSION FORM

Tel: 519-376-3516 Ext. 201
Camp@wol.ca



GENERAL INFORMATION:

CAMPER'S FIRST NAME _____ LAST NAME _____

GENDER: M F AGE _____ BIRTHDATE _____

CURRENT ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____ COUNTRY _____

PARENT/GUARDIAN INFORMATION:

FATHER

NAME:	HOME PHONE #:
EMAIL:	CELL PHONE #:

MOTHER

NAME:	HOME PHONE #:
EMAIL:	CELL PHONE #:

GUARDIAN

NAME:	HOME PHONE #:
EMAIL:	CELL PHONE #:

HEALTH INFORMATION:

ALLERGIES _____

SPECIAL DIET REQUIREMENTS _____

HEALTH CARD NUMBER (In the case of an emergency) _____

REGISTERING FOR:

Which week will you be attending?

Weekend Four – February 8 - 10

PARENT AUTHORIZATION:

PARENT'S AUTHORIZATION 1—ASSUMPTION OF RISK: I am the custodial parent or guardian of the camper named above and assume, for myself and the camper, the risks, including the risk of illness, injury, death and damage to property, inherent in the activities associated with camping including, but not limited to, tobogganing, tubing, sledding, and other snow sports; and other exposure to the conditions of nature in a rural environment. I agree on behalf of myself and the camper named above to release, hold harmless, and indemnify Word of Life Bible Institute and its caretakers, staff, and/or agents

from any damages, claims, liabilities, and injuries relating to the camper's participation in any Word of Life Bible Institute activities, all of which have my permission.

SIGNATURE _____ DATE _____

PARENT'S AUTHORIZATION 2—HEALTH: This health history is correct so far as I know. I agree to hold harmless and indemnify Word of Life Bible Institute and its camp caretakers, staff, and/or agents from any damages, claims, liabilities, or injury suffered by the camper named in this form at or involved with Word of Life Bible Institute, including but not limited to those arising from the rendering of first aid or medical treatment. I hereby give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of the camper named, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for this camper. This form may be photocopied for use out of camp.

SIGNATURE _____ DATE _____

PARENT'S AUTHORIZATION 3—PUBLICITY: I hereby grant to Word of Life Bible Institute and to its agents the right to photograph the camper named in this form and use the photo and or other digital reproduction of him/her for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

By signing below, I recognize Word of Life Bible Institute's responsibility to protect all campers according to Government Regulations and the Privacy Protection Policy by restricting or withholding the camper's cell phone and other devices with photography capability.

YES NO

I certify that I am a custodial parent or guardian and have the aforementioned rights to assign.

SIGNATURE _____ DATE _____

1. Custody and Disclosure: The parent(s) or guardian(s) submitting this Registration are those having legal custody of the child. Conditions of custody, if applicable, must be fully communicated in writing to Word of Life Youth Camp, including, if applicable, photocopy sections of any court order referring to visitation rights. The parent(s)/guardian(s) certifies that any and all physical, medical, emotional, mental or behavioural weaknesses or problems are fully disclosed with the Registration. Failure to disclose weaknesses or problems at the time of Registration could result in dismissal. The signature on the Registration form signifies that both parents/guardians are in agreement with the conditions of enrolment.

3. Medical Treatment: In case of surgical emergency, the parent(s)/guardian(s) gives permission to an emergency physician (at either Owen Sound or Meaford Hospital) to hospitalize, secure proper treatment for, and to order injection, anaesthesia or surgery for the camper. Each Camper must be covered by Provincial Health Insurance or equivalent medical insurance. In the event that a camper requires special medication, x-ray or treatment beyond that which is available at Word of Life Youth Camp the parents/guardians will be notified promptly. Word of Life Youth Camp requires that campers who have potentially life threatening conditions, such as peanut allergies, be able to manage their exposure to those substances, provide two sets of medication (if possible), be familiar with its use, and carry the medication in a fanny pack.

4. Liability: Care is taken for the safety and good health of campers, but in the event of accident or sickness, Word of Life Fellowship Canada, Inc, including the board of directors, staff, owners and the employees of off-site facilities, are hereby released from any liability. Word of Life Youth Camp is not responsible for damage to or loss of personal property.

6. Privacy: Word of Life Fellowship Canada, Inc. has permission to use any image or likeness or recording of the camper for promotional purposes. The information on this form will only be used by Word of Life Youth Camp to provide the camp experience for which you have registered and to make you aware of opportunities at Word of Life.

Benton Street Baptist Permission Form

I / We agree to allow my / our child, _____, to participate in all the activities of
(Child's name)

the Benton Street Baptist Church Youth trip to Recharge Camp, Friday February 8, 2019 - Sunday, February 10, 2019. This is with the full understanding that I/we assume total responsibility for the actions of and consequences to my / our child. I recognize that I / we have no claim of liability against Benton Street Baptist Church , its membership or the leaders of the program, in so far as incidents that occur are not in the control of the aforementioned. In addition to this, I/ we give complete and total permission to the leaders to obtain medical aid for my/ our child.

Parent / Guardian Signature

Date Signed

Print name of parent

Contact phone number while away

Health card number

alternate emergency phone #

Email that you check

Email that your student checks

Please list any allergies or health concerns