

Winter Retreat Registration Whispering Pines Campground Sunday Dec 30 th at 1:00 p.m.- Tuesday Jan 1 st at 11:00 a.m. Cost: \$65

Name:	Current Grade:
Parent/ Guardian:	Phone number:
Emergency Contact Person:	Phone number:
Who is picking your camper up from ca	amp and phone number:
	eeded at the retreat:
Anything else you think we should know	w?
Parent/Guardian Signature:	

Complete Registration Form **and** Event Expectations form. If bringing it to camp, contact Barb Bear (602-620-0036 or jbmrbear@gmail.com to indicate attending Or mail Registration form to:

Barb Bear

1303 E/ Angela Drive Phoenix, AZ 85022





AZMC Event Expectations

Youth participate on their own initiative in the activities and follow the event schedule, for all church sponsored events (camps, retreats, IYF, SPEC).

Staff is present to facilitate activities for all participants. They are not available to provide constant supervision for individual participants. Consideration would be made in advance in the event an adult is needed for the youth to participate.

Should a participant fail to comply with the expectations and rules and it becomes evident that a medical condition or injury, physical and/or psychological or emotional health issues arises that create a safety concern, the participants parents/guardians will be notified and the participant may be required to leave the event and return home.

If the participant is sent home, the participant's parent(s)/guardian(s) will be expected to pick up their participant or make immediate travel arrangements for the participant to return home, including paying the cost of related expenses, such as ground transportation and any other accommodations.

In the event it is determined a participant is sent home from a church sponsored event, steps will be identified with the parent and participant prior to the participant returning to future church sponsored camps and retreats. This individualized plan will be implemented to assure the safety and adequate support for the participant in upcoming events. The plan will be reviewed with the parent, participant and identified Mission Center Youth Ministry team member/s.

Youth Printed Name	Youth Signed Name
Parent Printed Name	Parent Signed Name
Date	