

2010 CHI RHO RETREAT REGISTRATION FORM

NOVEMBER 5th -7th (Registration Deadline: Friday, October 29th)

FOR: Chi Rho, Grades 6-8

TIME: Check In: Friday Evening 8:30 pm
Opening Activity: 9:00 pm
Pick-up: Sunday morning 11:00 a.m.

PLACE: Bethany Hills Camp, 1080 Bethany Hills Road, Kingston Springs, TN
(Off Highway 70) Camp phone 615/952-9184

BRING: Bible Hoodie or jacket
Pencil and Paper/Notebook Bed Linens/Pillow/Blanket
Comfortable Clothing Towel/Washcloth/Toiletries
Raincoat/Umbrella/Flashlight Money for Canteen & Offering*

Special Notes:

*Offering – donated to our camp scholarships fund

(PRINT CLEARLY)

I AM A YOUTH _____ ADULT _____ MALE _____ FEMALE _____
NAME _____ AGE _____ GRADE _____
ADDRESS _____ CITY _____ ZIP _____
PHONE (cell) _____ (landline) _____ (other) _____
CHURCH _____ CITY _____
EMAIL ADDRESS: (PRINT CLEARLY)

CAMP COVENANT AND PERMISSION SLIP MUST BE SIGNED – SEE THE BACK OF THIS FORM.

SEND REGISTRATION FEE OF \$75 (adult sponsors pay \$65 with scholarships available) WITH THIS FORM TO:

**Christian Church in Tennessee
7980 Coley Davis Road, Suite 102
Nashville, TN 37221**

IMPORTANT REMINDERS:

- No phone or FAX reservations!
- \$15 of the fee is non-refundable.
- No refunds for cancellations within 48 hours of event.
- Smoke free retreat.
- The retreats can fill up before the deadline date – please send in your registration form early to insure a space.

QUESTIONS: Call 615/646-3705 or Ami Faenza @ 615/347-6905, email faenzaa2001@yahoo.com

Camper Covenant with the Christian Church in Tennessee –

I have read and agree to the following covenant...

- I will be respectful to all persons and the camp environment at all times.
- I understand that possession of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc) while at camp is prohibited and I will be sent home if these items are found in my possession.
- Radios, laptops, speakers and personal electronic games are disruptive to the camp community and I will not bring them to camp.
- Music devices (i.e. iPod, MP3) with personal headphones are permitted during bed times.
- I understand that the camp and conference center is not responsible for lost, stolen or damaged items.
- I understand that cell phone usage will not be permitted at camp.
- I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate in camp activities so I can get the most out of camp.
- I will not damage camp property and will be held financially responsible for any repairs needed as a result of my actions.
- I understand that sneaking out of my cabin after lights-out will result in a one-year suspension from all camp activities and I will be sent home.
- I understand that food should not be brought to camp.
- I understand that I may be sent home for behaving in a way that does not reflect Christian love and grace.

Camper Signature: _____

Parent/Guardian Release: Yes, the region has permission to photograph my child for promotional purposes including internet, newsletters, and film No, do not photograph my child. Our camper has permission to participate in camp. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp. I/We further release the camp director(s) and staff, Christian Church in Tennessee Region from responsibility and liability for any accidents or illness occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants. **Please indicate if there are any emotional events (family serving in military, divorce, death, etc.) that may affect camper.**

Parent E-mail: _____

Parent/Guardian Signature:

Name of your Medical Insurance Company: _____

I do not have insurance at this time. _____

Policy No: _____ SOCIAL SECURITY NO: _____ (For medical treatment purposes)