

Spring Fling – 2012 TCYF RETREAT REGISTRATION FORM

March 2nd, 3rd, & 4th (Registration Deadline: February 24th)

FOR: Tennessee Christian Youth Fellowship (TCYF), Grades 9-12

TIME: Begins – Check In Friday night 8:00 to 8:50 p.m. Activities start 9 p.m.
 Ends – Sunday morning – 11 a.m. **(PLEASE be prompt)**

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

BRING: Bible Hoodie or jacket, **BHC sweatshirts for sale**
 Pencil and paper/notebook Bed linens/pillow/blanket
 Comfortable suitable clothing Towel/washcloth/toiletries
 Raincoat/umbrella/flashlight Money for Canteen & Offering*

Special Notes:

*Offering on Sunday will be used for Camp scholarships

** **Online registration available**

(PLEASE PRINT LEGIBLY)

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

CAMP COVENANT AND PERMISSION SLIP MUST BE SIGNED – see next page of this form.

SEND REGISTRATION FEE OF \$85 (adult sponsors pay \$20 with scholarships available) – WITH THIS FORM** TO:

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

Do not send registration forms or checks to Bethany Hills Camp!

IMPORTANT REMINDERS:

- No phone, FAX *or walk-up reservations!*
- \$15.00 of the fee is non-refundable.
- No refunds for cancellations within 48 hours of event, regardless of reason.
- Smoke free retreat.
- Please send in your registration form early so appropriate supervision can be insured.

QUESTIONS: Call 615/646-3705 or Ami Faenza 615/347-6905 or 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, instability, 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)