



<b>WHAT:</b>	912 WINTER RETREAT
<b>WHERE:</b>	Winterplace Ski Resort 100 Old Flat Top Mountain Rd. Ghent, WV 25843
<b>DATE:</b>	January 26 <sup>th</sup> -28 <sup>th</sup>
<b>WHO:</b>	9 <sup>th</sup> -12 <sup>th</sup> graders
<b>COST:</b>	\$150 Early Bird (by November 19 <sup>th</sup> ) \$170 Regular Rate (by December 17 <sup>th</sup> ) \$190 Late Registration (by January 14 <sup>th</sup> ) <b>We cannot take any registrations later than January 14th</b>

THIS FORM IS REQUIRED\*

What is the best way to start out the new year? Hitting the slopes? Our thoughts exactly. If you are a high schooler this trip is a shout out to you! Skis, snowboards, tubes, small groups, and God encounters all in one trip. There's really no better way to set yourself up for 2018! We can't wait to see lives changed and hear the stories that become legendary! We don't want YOU to just hear the stories, we want you to be a part of them!

Email [rfayouth@fchurch.org](mailto:rfayouth@fchurch.org) with any questions. Please circle one of the following options: **Snowboard** **Ski** **Tube**

I hereby grant my permission for \_\_\_\_\_ to participate in the activity mentioned above. By signing this permission form, I understand that I release First Assembly of God of Raleigh Inc. (RFA Church), North Carolina Inc. and all those representatives of the church, from all responsibility except in the case of gross negligence on the part of the above-mentioned groups and/or people.

Print Parent/Guardian's Name: \_\_\_\_\_ Relationship to Participate: \_\_\_\_\_

Parent/Guardian's E-mail: \_\_\_\_\_ Parent/Guardian's Cell: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**Medical Release Information (To be completed by a parent or an authorized guardian)**

Name of Participant: \_\_\_\_\_ E-mail of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

Participant's Home Phone: \_\_\_\_\_ Participant's Cell Phone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

In the event of an emergency where medical attention is required, I hereby grant my permission to the church staff/sponsor to obtain services from a licensed physician.

Is participant covered by personal/family medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of insured: \_\_\_\_\_ Insurance

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Comments/Medical Info/Medications/Allergies: \_\_\_\_\_

If a dispute over this agreement to a claim or a claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

