

Theme:

Christmas Prep!

With Christmas right around the corner, camp will take the time to celebrate the coming of our Lord and savior Jesus Christ. Join us as we explore the lead-up, and celebration of Christmas all in one fun filled day.

“Praise be to the Lord, the God of Israel, because he has come to his people and redeemed them.” Luke 1:68

***Registration starts at 10:00 am.
Closing Program is at 6:30pm and
Departure is at 7:00 pm.***

***The cost of the 2nd & 3rd grade
retreat is \$30.***

***Bring weather appropriate gear to
play outside, warm clothes, the Bible
and the joy of the Lord and Christmas
time in your heart!***



**Park River Bible Camp
106 Solid Rock Circle
Park River, ND 58270**

Park River Bible Camp

Christmas

Prep!

**2ND & 3RD
GRADE
RETREAT
DEC 2, 2017**



2nd-3rd Grade Retreat

Name: _____ Age: _____ Birthday: ____/____/____ Grade: ____ Gender: ____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____ Phone: (____) _____ Alt. Phone: (____) _____

Cabin mate request(s): _____

Who is authorized to pick up this camper? _____

Parent/guardian name: _____

Phone(____) _____

Address (if different): _____

Church name & city: _____

Any campership amount provided by the church: \$ _____

* Required church signature: _____

Please describe any other conditions which may affect your child's participation at camp
(attach sheet if necessary):

Medication: If your child will receive any medication while at camp, you will be asked to complete a written instruction sheet and leave all medications with the camp office.

Do you grant permission to give Tylenol to the camper named above? Yes or No

Do you grant permission to give the camper named above their prescribed medication? Yes or No

Permission/Medical & Legal Release:

We, the parents or guardians of the child named give permission for that child to participate fully in this retreat. We also authorize any medical care needed should such a situation arise. We agree to pay for any needed care. In no way will we hold Park River Bible Camp, Board Members, or any staff member liable. We also consent to the use of photos or video of the named child for promotional purposes.

Signature of Parent/Guardian

Date

Please list emergency contact information (names and phone #'s)

Health History

Mark "X" for past conditions and "C" for current conditions:

____ Appendicitis	____ Asthma
____ Bedwetting	____ Bleeding disorders
____ Diabetes	____ Ear Trouble
____ Fainting Spells	____ Heart trouble
____ Hernia	____ Homesickness
____ Nervousness	____ Rheumatic Fever
____ Seizures	
____ Sinus trouble	

Tetanus Booster: ____/____/____

Does the camper wear contact lenses?
Yes or No

Allergies (circle):

Hay Fever	Insect Stings	Aspirin
Penicillin	Peanut/Tree nut	
Dairy	Gluten	

Other: _____



Park River Bible Camp
Rooted In Christ
Ephesians 3:17