

Theme:

Trial Run!

King Solomon was a wise and kind ruler. How did he become someone with so much wisdom? Through the grace of God! Come learn about one of the Bible's greatest kings and the knowledge God gave him!

Just as Solomon was blessed with knowledge when deciding the outcomes of trials, we hope this retreat can help new 3rd graders gain knowledge about the joys of staying at camp overnight!

"When all Israel heard the verdict the king had given, they held the king in awe, because they saw that he had wisdom from God to administer justice." 1 Kings 3:28

Registration starts Friday at 7:00 pm. Departure is Saturday at 2:00 pm.

The cost of the 3 grade retreat is \$55.00.

Bring weather appropriate gear to play outside, warm clothes, bedding, shower supplies, toothbrush and toothpaste, the Bible and the joy of the Lord in your heart!

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

Park River Bible Camp

Trial Run!

**3RD GRADE
RETREAT
OCT 13-14, 2017**



4th-6th Grade Fall 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
_____ Tainting 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