

Theme:

Better Together

The Bible has many stories about family and friends supporting and loving each other. Come play games and enjoy learning about the love and support to be shown to family and friends!

The days are getting short and autumn is upon us. Now is a great time to visit and explore camp!

But Ruth said, "Do not press me to leave you or to turn back from following you! Where you go, I will go; where you lodge, I will lodge; Your people shall be my people, and your God my God." Ruth 1:16

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

The cost of the 4—6 grade retreat is \$65.00.

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

Better Together

**4-6 GRADE
RETREAT
OCT 6-7, 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