

**Theme:**

**Faith Training**

***Come and train your body, mind, soul, and faith in this ninja warrior themed retreat.***

***Before the weather begins to cool, come enjoy a kicking awesome day testing your limits on the warrior course, all while learning about what Jesus has in store for you.***

***“But the Lord is with me like a mighty **WARRIOR**.” Jeremiah 20:11a***

***Registration starts Saturday Sept. 30th at 10:00 am. Closing Program is Saturday at 4:30 pm.***

***The cost of the Pre-School—1st grade retreat is \$30.00.***

***Bring weather appropriate gear to play outside, a 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*

## *Faith Training!*

**PRE-SCHOOL-  
1ST GRADE  
RETREAT  
SEPT. 30,  
2017**



# Preschool-1st 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