

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:

- | | |
|--|---|
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Trouble |
| <input type="checkbox"/> Tainting Spells | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Seizures | |
| <input type="checkbox"/> 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