

LIAR!



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FEB. 24-26, 2012

Centerville Church of Christ
SR. SPOTLIGHT/WINTER RETREAT
AT GATLINBURG

THINGS TO BRING: Bible, Ski Clothes, Towels, Bathroom supplies...soap, shampoo, board games or cards (optional), sleeping bag, extra money for 3 meals, a good attitude for a great weekend.

THINGS NOT TO BRING: Food, heaters, firearms, fireworks, radios, air soft guns, and such like. Don't bring anything that would be questionable on a Christian retreat or take away for the retreat experience.

DEPARTURE AND ARRIVAL: The bus will leave at 1:00pm on Friday, February 24th and we plan to return by 6:00pm on Sunday February 26th in time for our evening worship. You will be dismissed at 12:00p from school.

EMERGENCY CONTACT: You may call Chris' cell phone in case of emergency at 615-394-8710.

COST: There are several options of things to do. If you would like to attend the retreat and ski, the cost is \$90.00. If you would like to attend and ice skate, the cost is \$70.00. If you don't want to do either of these, the cost will be \$60.00. There are plenty of things to do at Ober Gatlinburg if you do not wish to ski or skate. You will also have the option to go shopping during this time, so bring money for that if you so choose.

DEADLINE: Please have your filled out application back in no later than February 20th with a non-refundable \$50.00 deposit. The balance will be due on February 26th.

CELL PHONES: Cell phones are permitted on this trip, but are only to be used at designated times. **NO EXCEPTIONS.** If phones are used at inappropriate times, they will be taken up, with no warning! Please inform your parents that it will be easier for you to call them at the designated times to check in, rather than them call you, unless in an emergency.

(Tear this portion off and keep for reference.)

Parental Permission for Medical Treatment

NAME: _____

ADDRESS: _____

CITY: _____

STATE/ZIP: _____

PHONE: _____ GENDER: _____

AGE: _____ BIRTH: ___/___/___ GRADE: _____

EMERGENCY #: _____

SHIRT SIZE (ADULT SIZES)-HOODED SWEATSHIRTS

S ___ M ___ L ___ XL ___ XXL ___ XXXL ___

PLEASE CHECK WHICH YOU WOULD LIKE TO DO:

___ SKIING ___ SKATE ___ NEITHER

I/We the undersigned parent/s or guardian/s of the above mentioned, a minor, do hereby authorize the Centerville Church of Christ staff to consent to any examination, treatment, and hospital care which is deemed advisable by a physician in the exercise of their best judgement, and release them from liability.

Parent's names _____

Signature _____ Date ___/___/2012

I/We understand the risk involved in snow skiing/ice skating and give my/our full permission for my minor child to engage in such activity. I release the Centerville Church of Christ and it's staff from any liability.

(Please attach a copy of participants insurance card)