

CBCGB Memorial Day Youth Retreat 2017

Please keep
this page for
your records!

RETREAT PACKING LIST

Date: May 27-29, 2017 (Saturday to Monday)

Location: Nichols College
124 Center Rd.
Dudley, MA 01571

Who: All youth, 6th grade to 12th grade

Transportation: There will be no buses or vans from church. Please plan to carpool or get dropped off directly at the site. If you need help finding a ride, please indicate on the form.

Time: Registration will happen at Nichols College on May 27, 2017. Please look for registration times on your retreat confirmation. Students will need to be picked up between 1:30pm and 2:30pm on May 29, 2017.

DEADLINES AND FEES:

- Early registration: Received on or before 4/16: \$140
- Regular registration: Received between 4/17 and 4/30: \$150
- Late registration: Received between 5/1 and 5/12: \$160

If you would like to cancel your registration before May 12th, you must submit a written petition and will be able to get an 80% refund. Cancellations after May 12th cannot be refunded.

SCHOLARSHIPS (partial or full) are made available this year for any family facing financial hardships, especially those who are in between jobs. Interested parents or teens should speak with Minister Stan or Pastor Jen in person or via email at standrewchang@gmail.com or jenniferlin8@gmail.com. Confidentiality will be respected. Scholarships are awarded based on greatest need and availability. In order to qualify for a scholarship, you must register early and request for scholarship on or before **April 16, 2017**.

For more info and retreat updates, please contact Minister Stan or Pastor Jen.

What TO bring:

- Non-electronic Bible (see below)
- Pen/pencil
- Sleeping bag or blankets
- Bed linens
- Pillow with case
- Casual clothes
- Sleepwear
- Sneakers
- Towels
- Toiletries (toothbrush, toothpaste, shampoo, soap)
- Watch or alarm clock
- Flashlight
- Group games/board games/cards
- Sporting equipment
- Bug spray
- Sunscreen
- Water bottle
- Prescription medicine (especially asthma inhalers, epipen, etc)
- Optional: camera, stuffed animals

Please remember
to LABEL all of your
stuff!

What NOT to bring:

- Electronics (gameboy, iPod, iPad, DVD players, laptops, cell phones) will be confiscated for the duration of the camp if seen. **We realize in the age of technology, many people use their devices to read the Bible. However, we ask that you bring an actual printed Bible to retreat. If you do not have one, let us know and we'll bring extras for you to borrow!** 😊 We hope that retreat would be a time for face-to-face fellowship and bonding with others at the camp as well as a time to focus on the Word of God.
- Illegal substances - alcohol, tobacco, drugs, fire/explosives

INVITE YOUR FRIENDS! Can't wait to see you all at retreat! 😊

CBCGB FAMILY RETREAT 2017

Youth Registration Form

Youth Name: _____

Full Address w/city, state, zip: _____

Phone: (____) _____ Student's Cell: (____) _____

Email: _____ Birthday: _____

School: _____ Grade: _____ Gender: _____

Your closest friends in youth group are: _____

T-shirt Size (circle): Adult S Adult M Adult L Adult XL

Are you a Christian? Yes ___ No ___ Not sure ___

Home church: _____

Camp Fee (early - before 4/16 - \$140) \$ _____ Enclosed
(regular - between 4/17-4/30 - \$150)
(late - between 5/1 and 5/12 - \$160) Check # _____

Are you requesting for a scholarship?

___ Yes ___ No (Please make all requests by 4/16/2017]

Do you need help finding a ride? ___ Yes ___ No

Do you have space in your car in case another youth needs a ride?

___ Yes How many spaces: _____ ___ No

REGISTRATION:

Please make checks payable to: CBCGB. Complete and return forms and check to Minister Stan or Pastor's Jen's mailbox or snail-mailing it to:

CBCGB Youth Ministry
149 Spring Street
Lexington, MA 02421

Parent's Consent Form

CBCGB Youth Ministry
149 Spring Street
Lexington, MA 02421

Youth's Name: _____ Grade: _____

I (We) give permission for my child to participate in the youth group activities of the Chinese Bible Church of Greater Boston, MA, both on and off the church premises. I understand that every effort will be made to insure the safety of my child, and I will discuss the importance of obeying the rules and regulations with my child. I recognize the inherent risk of injury there can be in all activities. I understand that each youth must assume the risk that could result from these activities. I hereby release, discharge, and save harmless the Chinese Bible Church of Greater Boston, youth counselors, and other staff, from any liability, claims, demands, legal suits, or causes of action arising out of, or in any way connected with my (or my child's) participation in the youth activities, and further indemnify them for any losses resulting from any suit brought in my name or on my behalf. This release covers transportation provided by the church, its staff, volunteers, and counselors who are properly licensed to drive. I understand that in the event that medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the counselors and staff to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also understand that all accidents and medical expenses that may incur are solely the responsibility of the individual child's family. This liability form will remain in effect as long as my child is a participant in the youth ministry at the Chinese Bible Church of Greater Boston or the youth reaches adulthood at 18.

PLEASE INITIAL ONE OF THE FOLLOWING TWO OPTIONS:

_____ I give permission for my son/daughter to be represented in pictures/videos and slideshows without mention of full names on CBCGB & youth websites, social media, bulletin boards, updates, printed material, etc.

OR

_____ OPT OUT: Please DO NOT publish or post my son/daughter's images in related website, social media, or printed material.

I have read and consent to the information above.

Parent/Guardian's Signature: _____

Printed Name: _____

Date: _____

IN CASE OF EMERGENCY & FOR COMMUNICATIONS:

Mom's Name: _____ Cell: _____

Mom's Email: _____

Dad's Name: _____ Cell: _____

Dad's Email: _____

Student Allergies/Medications: _____

Health Insurance Company: _____

Health Group: _____ Policy #: _____