

# PLEASE BRING

- Sleeping Bag, Pillow
- Bible, Notebook, Pen
- Swimsuit & Towels
- Earplugs
- Toiletries, Medications
- Pajamas
- Shorts, Pants
- T-shirts
- Hoodie/Jacket
- Outdoor and Indoor Shoes
- Outdoor Clothing
- Water Bottle

# PROHIBITED ITEMS

Possession of alcohol, weapons, illicit drugs, pornography, or energy drinks (of any kind) is grounds for dismissal from the event at the cost of the parent(s) or guardian(s). Thank-you for your help and cooperation as we aim to keep Cochrane Alliance Youth events safe and fun for everybody!



**YOUTH  
FALL RETREAT  
SEPT 28-30**

# REGISTRATION

I/we, the parent(s) or guardian(s) named below authorize Cochrane Alliance Church (CAC) paid or volunteer youth staff to sign a consent for medical treatment, and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the youth named below. I/we, named below, undertake and agree to indemnify and hold blameless the paid or volunteer CAC staff, CAC pastors and Elders Board from and against any loss, damage or injury suffered by any medical treatment authorized by the supervising individuals representing CAC. This consent and authorization is effective only when the youth, named below, is participating in or traveling to/ from events of the Youth Ministry of Cochrane Alliance Church, Calgary, Alberta . I/we also give consent to CAC to use pictures and/or video of this student, if taken while participating in these events, for CAC promotional purposes. In signing this consent form, I/we understand that possession of alcohol, weapons, illicit drugs, pornography or energy drinks (of any kind) by the below named attendee are grounds for the immediate dismissal from the event at cost to us.

Parent/Guardian Name(s): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Signature : \_\_\_\_\_

Date: \_\_\_\_\_

Youth's Name: \_\_\_\_\_

☐ Male ☐ Female

Grade: \_\_\_\_\_ DOB (MM/DD/YY): \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

List any medications student will have at camp \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_

# DETAILS

**WHO?: Grade 7-12**

Bring Friends!!

**WHERE?**

SALEM ACRES CAMP

**When? Friday Sept. 28 - Sunday Sept. 30**

Meet at Cochrane Alliance Church on Friday Sept. 28th.

Check in is from 5:45-6:00pm. Bus Leaves @ 6:00pm.

Pick Up is at Cochrane Alliance Church on  
Sunday Sept 30th @ 2:00pm

**Cost: \$135**

Includes:

- Transportation, Meals for the weekend
- All activities (archery, outdoor volleyball and basketball courts, wide games, low ropes course and much more!)

Registration and Payment can be done with this form (cash or cheque included) or online  
[www.cochranealliance.com](http://www.cochranealliance.com)

**\*\*If you require financial assistance please let Jason know so we can help to support you. \*\***

**Questions?**

Contact Jason

[jasond@cochranealliance.com](mailto:jasond@cochranealliance.com)

403-932-6100 ext 108