



### Retreat Registration

**Student's Name** \_\_\_\_\_

**Student Grade** \_\_\_\_\_

**Parent Phone #:** \_\_\_\_\_

**Parent Email:** \_\_\_\_\_

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

I/we, \_\_\_\_\_, the parent (or legal guardian) of the above-named child, hereby give my/our consent for him/her to participate in the Retreat. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activity, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless Grace Community Chapel, sponsors, supervisors, organizers and persons transporting my/our child to or from such activity, for any claims out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I agree to follow ALL guidelines set by the Grace Community Chapel Youth Staff while on this retreat. I will not bring my cell phone, iPod or any other electronic device. I understand that if I disregard these guidelines or any others given, my parent(s)/guardian(s) will be contacted & expected to pick me up from Logan Valley Christian Retreat in Ellington, MO.

I agree to let my child's image from this trip be used within Grace Community Chapel's print and online material.

**Student Signature** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Emergency Contact, Preferably a Cell #** \_\_\_\_\_

**BOTH signatures are required. Please also fill out a medical form.**

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#### **Key Info:**

- Registration and Medical Release forms are due by **Tuesday, February 24, 2026**
- Final Payment is due on **Tuesday, March 3, 2026** Total cost for this trip is **\$120.00 (Includes all meals for the weekend)**.

**When:** March 13-15, 2026

**Where:** Logan Valley Christian Retreat, 2692 County Rd. 422. Ellington, MO 63638

**Who:** Students 6<sup>th</sup>-12<sup>th</sup> grade. You must be a consistent attender/demonstrate a consistent willingness to participate/good attitude during youth group to attend this trip. This trip is not to introduce new students to our group.

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**What:** Our Retreat is designed so that every student in attendance can have an incredible experience that helps draw them closer to God. This weekend will feature powerful teaching time, Christ-centered worship, great food and cabins to sleep in, and recreational activities during free time such as basketball, volleyball, board games, black light dodgeball, and various other games.

### Departure Details

**Friday 4:30:** Meet at Grace in Upper Youth (Bring dinner. Food is not provided on Friday) / Load Vans/Ground Rules

**5:30-7:30:** Drive to camp.

### Returning Details

**Sunday 4:30-5:00:** Back at Grace

### **Emergency Numbers:**

**Anthony 573-639-1982 (road)**

**Logan Valley: 573.663.2735 (best)**

### **PACKING LIST**

- Sleeping bag or sheets for a twin bed
- Pillow
- Toiletries
- Towel
- Clothes for 3 days
- Gear for possible outside activities
- Gym clothes
- **BIBLE (Absolutely a necessity) / something to write with/on**
- **Medical Release Form**
- Humble/Teachable attitude.

### **What NOT to Bring:**

- Phones/iPODs/any other electronic device that can distract in any way (Regular cameras that simply take pictures/video are okay.)- There will be zero tolerance from Anthony on this rule. Bring a cell phone and you will be sent home.
- Bad attitudes (If you don't want to grow/participate in the spiritual stuff, don't come for the fun stuff. Bad attitudes are contagious and this trip is to grow our group, not discourage it. Therefore, there are absolutely no pranks allowed.)
- Anything else that might be questionable/obviously a no (i.e., Fire works, anything to be used for pranks, etc.)

**GRACE COMMUNITY CHAPEL**  
**PARENTAL CONSENT FOR PARTICIPATION IN ALL YOUTH BASED ACTIVITIES**  
**2026 LIABILITY WAIVER AND MEDICAL CONSENT FORM**

Child's Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_

Secondary contact (other than below parent) \_\_\_\_\_ Phone \_\_\_\_\_

PHYSICAL CONDITION (Check if condition needs special attention and specify.)

Frequent Colds  Allergies- please list \_\_\_\_\_  
 Asthma  Heart condition  
 Diabetes  Stomach upsets  
 Eye, ear, nose, throat  Epilepsy or other nervous system disorder

Others/Explanation: \_\_\_\_\_

Please list any daily medication(s) your son/daughter is taking on a daily basis AND the dosages.

*(This is for anything we might have to regulate during trips or overnight events.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIAL HERE if you give your consent for the Youth Staff to administer "over-the-counter" (OTC) medications to your son/daughter as they deem necessary (i.e. ibuprofen, anti-acid, etc.).

Date of last Tetanus shot \_\_\_\_\_ Are all Vaccines up-to-date \_\_\_\_\_

Any swimming restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_

Any activity restrictions: Yes \_\_\_\_\_ No \_\_\_\_\_ (give details on back of this form)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I/we, \_\_\_\_\_, the parent (or legal guardian) of the above-named child, hereby give my/our consent for him/her to participate in \_\_\_\_\_. I/we assume all risks and hazards incidental to such participation, including transportation to and from the activity, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless Grace Community Chapel, sponsors, supervisors, organizers and persons transporting my/our child to or from such activity, for any claims out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/we, the undersigned parent(s) (or legal guardian) of \_\_\_\_\_ (MINOR), do hereby authorize the youth sponsor/church staff member for the undersigned to consent to any X-ray, anesthetic, medical or surgical diagnosis of, treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital, and I/we hereby waive, release, absolve, indemnify and agree to hold harmless Grace Community Chapel, sponsors, supervisors, organizers, youth sponsor and/or church staff member for any claims out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. I know of no health reason why my son/daughter may not participate in any Youth Department activities.

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

Printed Name: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_