

Confirmation Retreat

Friday-Sunday, April 5-7, 2019

Calvin Crest Camp, Conference and Retreat Center
2870 County Road 13, Fremont, NE 68025



Who's this for?

Confirmation classes of any size church, along with your Pastor, Youth Leaders & Parents or Chaperones.

Why attend?

To experience the larger church, to experience Christ in community, and to have fun at Calvin Crest!

What will we do?

Friday	7:00 pm	Sign in and Move in to cabins
	7:30 pm	Session, Games, Snacks
	10:30 pm	Cabin Time
	11:00 pm	Lights Out
Saturday	8:00 am	Breakfast
	9:00-Noon	Sessions and Scheduled Free Time
	12:00	Lunch
	1:30-5:00 pm	Session and Scheduled Activities
	6:00 pm	Supper
	7:00 pm	Evening Activities-Weather Dependent (Speaker, campfire, night hike)
Sunday	11:00 pm	Lights Out
	8:00 am	Breakfast and Pack Up
	9:30-10:20 am	Closing Worship
	10:30	Depart

How to Sign Up

Fill out the attached form for each participant. Include the \$69 fee.

Send to Calvin Crest, 2870 County Road 13, Fremont, NE 68025

Deadline for Registration: Monday March 25, 2019 (no refunds after this date).

This Confirmation Retreat is

- Organized for youth leaders to attend with their youth. Time is allotted for small group time.
- Designed for small and large confirmation classes.
- A great way to get to know other youth from the area.
- A SUPPLEMENT to your church's Confirmation training.

For more information contact:

Craig Huffman— 402-628-6455, craig@calvincrest.org

Jeff Warrick—402-484-8844, pastorjeffwarrick@live.com

Confirmation Retreat YOUTH REGISTRATION FORM

Fill out one form for each YOUTH participant—Adult participants need to complete ADULT REGISTRATION FORM

Friday-Sunday, April 5-7, 2019



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REGISTRATION FEE: \$69/person

All participants must complete form and sign. Youth forms must be signed by parent or guardian.

Name _____ Gender: M F Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Parent's Name(s) _____ Phone #: Day _____ Eve. _____

Church _____

Allergies _____

Medications being taken _____

Physical handicaps or limitations _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____

Emergency Contact: Name _____ Relation _____

Phone # _____

Confirmation Retreat Medical Liability Release

I, _____ parent or legal guardian of _____

Authorize the adult chaperones or leaders of the Calvin Crest Confirmation Retreat to act as my agent to consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, clinic, or hospital. I understand that every attempt will be made to contact the parent or guardian in the event of emergency. I therefore assume all responsibility for the decision so made, and the emergency care or treatment so secured for my child. I further release Calvin Crest Camp, Conference and Retreat Center, its staff, conference leaders and any other leaders from responsibility and liability for any injury or illness that my child may sustain during the conference or transportation involved during the event. I agree all information submitted on this form is complete and accurate to the best of my knowledge.

Return Registration Form and Fee to: Calvin Crest, 2870 County Road 13, Fremont, NE 68025

Deadline for Registration: Monday, March 25, 2019

Signature of adult participant or signature of Parent or Guardian if under 18:

_____ Date _____

Confirmation Retreat

ADULT REGISTRATION FORM

Fill out one form for each ADULT participant—Youth participants need to complete YOUTH REGISTRATION FORM

Friday-Saturday, April 5-7, 2019



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REGISTRATION FEE: No FEE for Adult Chaperones

All participants must complete form and sign. Youth forms must be signed by parent or guardian.

Name _____ Gender: M F Over 18? Yes ___ No ___

Address _____ City _____ State _____ Zip _____

Phone #: Day _____ Eve. _____

Church _____

Allergies _____

Physical handicaps or limitations _____

Emergency Contact: Name _____ Relation _____

Phone # _____

Retreat Medical Liability Release

I, _____ authorize the leaders of the Calvin Crest Retreat to act as my agent to consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, clinic, or hospital. I understand that every attempt will be made to contact the emergency contact in the event of emergency. I therefore assume all responsibility for the decision so made, and the emergency care or treatment so secured. I further release Calvin Crest Camp, Conference and Retreat Center, its staff, conference leaders and any other leaders from responsibility and liability for any injury or illness that may sustain during the conference or transportation involved during the event. I agree all information submitted on this form is complete and accurate to the best of my knowledge.

Return Registration Form to: Calvin Crest, 2870 County Road 13, Fremont, NE 68025

Deadline for Registration: Monday, March 25, 2019

Signature of adult participant or signature of Parent or Guardian if under 18:

_____ Date _____