

# MSR 2010

For further information please contact Synod of the Heartland Youth Ministries office.

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612 8th Street SE w Orange City, IA w 51041



# Middle School Retreat 2010

EVERYONE WHO COMPETES IN THE GAMES  
GOES INTO STRICT TRAINING. THEY DO IT TO  
GET A CROWN THAT WILL NOT LAST; BUT WE DO  
IT TO GET A CROWN THAT WILL LAST FOREVER.  
1 CORINTHIANS 9:25

# GO FOR THE GOLD

April 16-18 • Camp Okoboji • Milford, IA  
[www.synodyouth.org](http://www.synodyouth.org)

# MMSR 2010

Register now for a FUN weekend of worship, large group sessions, small groups, service projects, youth group time, recreation and games! This will be a weekend of GOING FOR THE GOLD filled with PURE AWESOMENESS!

## WHEN

Check In: 6:00pm **Friday, April 16**  
Check Out: 11:00am **Sunday April 18**

## WHERE

**Camp Okoboji**  
1531 Edgewood Dr, Milford, IA

## WHO

**Junior High** students and adult leaders  
Adult to student ratio is 1:7 per gender

## COST

**\$60** per person  
Registration **opens January 6** on a first come, first serve basis  
Registration **closes March 18**

## T-SHIRT

**\$10** each  
*T-Shirts are optional*

## RIDES

Transportation is the responsibility of each youth group. Vehicles may be used Saturday for service projects in the okoboji area.

## PACKING

Things to pack: bible, pen, towel, sleeping bag, pillowcase, toiletries, both indoor and outdoor clothing and snack money.

## REGISTRATION FORM

MIDDLE SCHOOL RETREAT 2010

PLEASE FILL OUT ALL INFORMATION COMPLETELY AND LEGIBLY

### REGISTRATION INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Circle one: Student Adult

Birthdate (M/D/Y) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Email address \_\_\_\_\_

Church \_\_\_\_\_ City \_\_\_\_\_

Youth Pastor/Contact Leader \_\_\_\_\_

### EMERGENCY/MEDICAL INFORMATION: STUDENT INFO MUST BE FILLED OUT BY A PARENT/GUARDIAN

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Is the participant on any medications..... Yes No if yes please explain below

Is the participant in good health..... Yes No if no please explain below

Can the participant participate in all retreat activities..... Yes No if no please explain below

Please list any medical conditions, precautions or medications we should be aware of:

In signing this form, I hereby certify the information provided is correct and give my child permission for the use of photographs including the named student in synod publicity; for my child to be transported in privately owned vehicles or Synod contracted vehicles to and from approved retreat activities; and for the release of medical records in the case of illness or injury. In case of a medical emergency, I understand that every reasonable effort will be made to contact me as the parent/guardian of the child named on this registration form. In the event that I cannot be reached, I hereby give permission to the physician selected by the retreat director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child named herein. I understand that if my child is involved in the use of alcohol, drugs, or some other gross infraction of the stated rules, regulations or guidelines, as established by the retreat director and leadership, he/she may be sent home at my expense.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### T-SHIRT (T-SHIRTS ARE OPTIONAL)

Would you like to purchase a t-shirt for \$10? Y / N

If YES what size: S M L XL 2XL