



NOVEMBER 22-24

GRADES 9-12

A weekend getaway to Encounter God through worship and word, discovering calling and purpose together. It's a time to connect with other youth groups through discussion, games and hangout. This weekend will let students recalibrate before the Christmas frenzy and engage in moments that will transform their life.

BUS LEAVES WPA at 5:30pm Friday

BUS RETURNS to WPA at approximately 3pm Sunday

TRAVELLING by bus to and from Braeside Camp.

Event Held at
BRAESIDE CAMP
110 EAST RIVER RD
PARIS | ONTARIO

COST

\$125 before November 17th

(\$10 discount if registered before Nov 1)

----- **REGISTRATION ENDS NOVEMBER 17TH** -----

Includes retreat cost, accommodations, transportation, Saturday & Sunday meals.

Please provide your student dinner Friday evening prior to arriving for this event.

PLEASE NOTIFY PASTOR ANDREW of any allergies and/or health concerns, as well as any financial support you may need **at the time** of registering. Partial sponsorships are available.

CONTACT PASTOR ANDREW

Work 519.884.0530 ext. 123

Mobile 519.362.7005

Email andrew@wpa.church

SUGGESTED PACKING LIST

Sleeping bag & pillow

Clothes for each day: please bring clothing for outside games/activities

Toiletries

Towel & Shower stuff

Bible, pen, notebook

Alarm clock

The majestic cable that keeps your phone alive

Please bring a bible and notebook and wear weather appropriate comfortable clothing for games and outdoor activities.

SCHEDULE

(Retreat schedule subject to slight changes)

FRIDAY

05:15pm

Meet at WPA

05:30pm

Bus Leaves WPA

06:00pm (approx.)

Arrive at Braeside

07:00pm

Session 1

09:30pm

Break

10:00pm

Activities

SUNDAY

09:00am

Breakfast

10:00am

Session 4

12:00pm

Lunch

01:00pm

Clean Up

02:30pm

Leave Braeside

03:00pm

Arrive at WPA

SATURDAY

09:00am

Breakfast

10:00am

Session 2

12:00pm

Lunch Break

01:00pm

Games/Activities

03:30pm

Free Time

05:30pm

Dinner

07:00pm

Session 3

09:30pm

Break

10:00pm

Activities

SR HIGH FALL RETREAT

Gr 9-12

With Waterloo Pentecostal Assembly – Youth Ministries

Event Description: A weekend getaway to Encounter God through worship and word, discovering calling and purpose together.

Date & Time: 5:30pm Friday November 22 until 3pm Sunday November 24, 2018

Cost: \$115 before Nov 1 // \$125 after Nov 1 (Registration ends Nov 17)

Departure Details: See details attached.

Location: Braeside Camp (more details attached)

Activities: Worship and biblical teaching, games, variety of sports and group activities.

Student Code of Conduct: no possession or use of alcohol, drugs or tobacco, no fighting, weapons, fireworks, lighters, no offensive or immodest clothing, (for overnight events) no boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with group is expected, respect property, respect one another, staff and adult leader, respect and comply with event schedules.

Participant's Personal Information:

Student's Name: _____

Birth Date: (dd/mm/yr): ____/____/____ Age: ____ Grade: ____ Male Female

Home Phone: _____ Student's Cell: _____

Full Address: _____

Student's Email: _____ Parent's Email: _____

Consent to receive email updates on event information current and future.

Medical Information:

Health Card Number: _____ Version (last 2 letters): _____

Dietary Restrictions: _____

Allergies: _____

Does your student carry an Epi-pen? Yes No

Health Concerns / Existing Medical Conditions: _____

During this event I may be contacted by phone at:

Parent/Guardian Name(s): _____

Home: _____ Cell: _____

Alternate Contact Name: _____ Phone: _____

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend the above noted event being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for an injury, loss or damage to person or property that may occur during the course of my/our child's medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Pastor's Andrew's Contact Info – Cell: 519-362-7005 // Email: andrew@wpa.church

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YOUTH MINISTRY