

# DCYG

# SPRING RETREAT



## DCYGers,

I hope you're excited for our Spring Retreat at LUJO! We will be leaving on Friday, April 12th and returning the 14th. Our Registration covers all expenses, including meals and a t-shirt. I can only guarantee t-shirts to those who have completed early registration.

You need to have 3 forms turned in before we leave. A permission slip, your payment, medical release from if this is your first overnight DCYG event. If you have any other questions please let me know!

- ▶ Cost: (Early) \$40/teen, (Late) \$50/teen
- ▶ When: April 12th-14th
- ▶ Where: Camp LUJO, Norman, OK
- ▶ Early Registration Due By: **March 31st**

For The Kids,

Jonathan "Monk" Juarez

Emergency Numbers:

Monk- (469) 247-3277

# Packing List

## **What to Turn In**

Registration Fee (see front page)

Permission Slip

2018-2019 Trip Release (if this is your first overnight event of 2018-2019)

## **What to Bring**

Clothes (appropriate length & modest)

Closed Toed Shoes

Toiletries: soap, shampoo, toothpaste, deodorant, etc.

Bedding/sleeping bag, pillow

Towels/Washcloth

Flashlight

Your BIBLE

Good Attitude

## **What Not To Bring**

Tobacco products, alcohol products, illegal drugs,

fireworks, matches, LiLo MP3's, immodest clothing, radios, laptop, tablets, game-boys,

Nintendo DS, etc. I will ask for cell phones to be turned off for the majority of the retreat.

Permission/Release Form  
Del City Youth Group Spring Retreat 2019  
Please print clearly

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

Guardian/Parent \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

EMERGENCY CONTACT:

Name \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

I give permission for my son/daughter to participate in the Del City Youth Group Spring Retreat to Camp LUJO-KISMIF on April 12th-14th, 2019. I hereby waive and release any and all rights, release on claims or damages which I may have against the Del City Church of Christ and all of their agents, volunteers and employees, for any and all injuries which my son/daughter may incur while taking part in your program. I, and my child/ren or ward/s understand the inherent dangers of daily activities and I, and my child/ren or ward/s, also understand that potential injuries include strains, sprains, breaks, cuts, punctures, abrasions, broken limbs and even accidental death. I HEREBY ASSUME THE RISKS OF INJURY, DAMAGE OR LOSS WHICH MY CHILD/REN or WARD/S MAY SUSTAIN AS A RESULT IN PARTICIPATING IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH DEL CITY YOUTH GROUP RETREAT.

This release also encompasses and injuries which may be sustained while traveling to and from participation in your program. As a parent I understand it is my responsibility to pick up my son/daughter at the predetermined time. I also understand that if my son/daughter becomes ill or destructive, the above "EMERGENCY CONTACT" will be called to take my son/daughter home.

_____ Parent/Guardian Signature	_____ Date
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_____ Signature of Participant	_____ Date
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