

You're invited!

Mid-Winter Retreat



Who

3rd-6th Grade students and parents of Saint Andrew

When

Friday, January 12 (6:30-7pm)— Sunday, January 14 (11am)

What

For the past few years, there has been a retreat for the younger members of Saint Andrew to get out to camp, have fun playing and exploring in the snow with Pastor Craig and Pastor Jenn, do group building activities and games, interactive Bible studies and worship – all in God's beautiful creation. We will spend two nights away at Waypost camp near Hatley, Wisconsin – about a 30 minute drive from church.

Where

Waypost Camp near Hatley, Wisconsin. We will stay in a fully winterized lodge with bunk rooms and fireplaces.

For directions or to learn more about camp visit: <http://www.crosswayscamps.org/sites/waypost>

We will meet out at camp between 6:30-7pm on Friday night.

How to Register

The cost for the retreat is **\$45** which two nights lodging, meals and program. Checks may be made out to Saint Andrew.

Please bring a check and registration/health form to church by **Wednesday, January 3rd**. Registration forms are also available on the Information Desk in the Narthex and on the Saint Andrew website: www.salc-wausau.org.

What to bring

Sleeping bag, pillow, toiletries, warm clothes (layers for play inside and out), boots, slippers, flashlight, Bible, favorite board game, and a snack to share.

Chaperones are needed. Please contact the church office if you are willing to help. THANK YOU!



My child is interested in participating in the Saint Andrew Lutheran Church and Crossways Camps
Mid-Winter Retreat

Student's Name _____

Age and Grade _____

Parent Name(s) _____ Phone Number _____ E-mail _____

I am interested in being a chaperone at the Saint Andrew Lutheran Church and Crossways Camps
3rd through 6th grade Mid-Winter Retreat.



Mid-Winter Retreat – Permission/Emergency Contact Form

I give permission for my child, _____ to attend retreat at Waypost Camp on January 12-14, 2018.

Primary Contact:

Name/s: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact (In the event primary contact cannot be reached):

Name/s: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Insurance Company: _____ Policy Number: _____

Health Concerns/Allergies: _____

Medications (Please bring in original bottles and include instructions): _____

I, the undersigned parent or legal guardians of the above named student, hereby give my permission for the above student to participate in said activity above, which is being sponsored by Saint Andrew Lutheran Church of Wausau, WI. In the event of a medical emergency, I hereby authorize staff or volunteers representing Saint Andrew Lutheran Church of Wausau, WI to act in the best interests of my child. Such persons may authorize all necessary medical and/or surgical procedures that they deem vital for the health of the person represented above. I understand that every effort will be made to contact me and that medical or surgical procedures will be implemented only in the event that I cannot be contacted. I assume all risk for, any injury, illness, death, or property damage, which could occur during this church-related activity. I am solely responsible for all medical costs or property damages.

(Parent/Guardian Signature)

(Date)

As a youth participant, I will respect myself, other people, other people's property, and the church property. I will be an encourager, not one who ridicules, makes fun of, or criticizes. I will deal peacefully with anger and disagreement issues which may happen. I will participate and contribute in a positive way in all group activities. I *will* follow the instructions of Saint Andrew Lutheran Church of Wausau, WI staff and/ or adult volunteers; this may also include event activity staff. I also acknowledge that if my behavior is illegal or detrimental to myself or others in any way, it may be necessary to leave this event earlier than scheduled at the expense and responsibility of my family.

(Youth signature)

(Date)