# You're invited! Mid-Winter Retreat



#### Who

3<sup>rd</sup>-6<sup>th</sup> 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: <a href="http://www.crosswayscamps.org/sites/waypost">http://www.crosswayscamps.org/sites/waypost</a> 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 3<sup>rd</sup>. Registration forms are also available on the Information Desk in the Narthex and on the Saint Andrew website: <a href="https://www.salc-wausau.org">www.salc-wausau.org</a>.

## 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.

Chap	erones are neede	d. Please contact the church office if yo	u are willing to help. THANK YOU!	
	My child is interested in participating in the Saint Andrew Lutheran Church and Crossways Can  Mid-Winter Retreat  Student's Name  Age and Grade			s Camp
Parent I	Name(s)	Phone Number	E-mail	-
l am ir	nterested in being	g a chaperone at the Saint Andrew Luth 3 <sup>rd</sup> through 6 <sup>th</sup> grade Mid-Winter F		



# <u>Mid-Winter Retreat - Permission/Emergency Contact Form</u>

I give permission for my child,12-14, 2018.	to attend retreat at Waypost Camp on January
Primary Contact:	
Name/s:	Relationship:
Primary Phone:	Secondary Phone:
Emergency Contact (In the event prima	ry contact cannot be reached):
Name/s:	Relationship:
Primary Phone:	Secondary Phone:
Insurance Company:	Policy Number:
	ttles and include instructions):
participate in said activity above, which is medical emergency, I hereby authorize star the best interests of my child. Such persons vital for the health of the person represent or surgical procedures will be implemented	of the above named student, hereby give my permission for the above student to eing sponsored by Saint Andrew Lutheran Church of Wausau, WI. In the event of a or volunteers representing Saint Andrew Lutheran Church of Wausau, WI to act in may authorize all necessary medical and/or surgical procedures that they deem d above. I understand that every effort will be made to contact me and that medical only in the event that I cannot be contacted. I assume all risk for, any injury, uld occur during this church-related activity. I am solely responsible for all
(Parent/Guardian Signature)	(Date)
encourager, not one who ridicules, makes is may happen. I will participate and contribu Andrew Lutheran Church of Wausau, WI st	other people, other people's property, and the church property. I will be an n of, or criticizes. I will deal peacefully with anger and disagreement issues which e in a positive way in all group activities. I will follow the instructions of Saint ff and/ or adult volunteers; this may also include event activity staff. I also detrimental to myself or others in any way, it may be necessary to leave this event esponsibility of my family.
(Youth signature)	(Date)