

Cross Training for Spiritual Athletes (1 Timothy 4:8)

For bodily exercise profits a little, but godliness is profitable for all things, having promise of the life that now is and of that which is to come.

PARTICIPANT INFORMATION

Participant's Name:			Date of B	irth:/_		
Home Address:						
City:	State:	Zip Co	ode:		☐ Female	
Contact Numbers: ((Home) (_)		(Cell)	
E-Mail Address:					_(Participant)	
E-Mail Address:				(Par	ent/Guardian)	
Parent(s)/Guardian(s) Nam	e					
School:		Grade:				
Age:	FMZBC Membership #					
T-Shirt Size: Small		☐ Large	□ 1X	□ 2X		
All youth will reside in do like to room with at the roommates listed.	ouble occupanc <mark>y bed</mark>		ames of three	•	•	
Name of 1st Choice:						
Name of 2 nd Choice:						
Name of 3 rd Choice:						

Method of Payment

- The participant fee for this event is \$50. This includes lodging, 3 full meals, snacks, a t-shirt, a bag, and materials.
- Make all checks payable to FIRST MOUNT ZION BAPTIST CHURCH. Returned Check Fee: \$25.00.
- > Please do not send cash through the mail. First Mount Zion Baptist Church will not be held responsible if



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lost or stolen. ➤ Sorry, NO REFUNDS (for plant	ning purposes).				
☐ Cash \$ ☐ Persona	ll Check # \$	-			
FMZBC HIGH SCHO	OL YOUTH RETREA	T 2016 PERM	IISSIC	ON FO)RM
I (name of parent/guardian) and all planned activities associated and agree not to hold First Mount responsible for injuries, incidences, a	to participate in <i>First Mou</i> with this event. I take sole responsion Baptist Church and any rep	nt Zion Baptist Chu sibility for my child's/r resentatives associat	<i>irch's Yo</i> ny partici ed with t	outh Ret pation in this even	this event t liable or
I further understand that my child w follow instructions from any Youth Mi of others, I agree to pick up my child child from participating in future FMZ	inistry Leader/Coordinator or partici _l I from this activity immediately. I als	oates in any activity th	nat may e	endanger	the safety
MEDICAL MATTERS: I give Fir	st Mount Zion Baptist Church permi	ssion to get medical a	ssistance	e for my c	hild in the
event of an injury.					
Child's Physician's Name:					
Name of Insurance Company:					
Policy Number:	Insurance Company Pho	ne No			
I understand that the servants /staff a made necessary arrangements to en					I have
Please list any known medical con may have and any medications the		Also lists any medi	cations t	hat your	child
RELEASE: I approve the releas pickup will be required.	e of my son/daughter to the followi	ng persons if I am no	t availabl	e. ID at t	he time of
Emergency Contact:	Relationship:	Phone: ()		_
Emergency Contact:	Relationship:	Phone: ()	_	



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By signing below, I am acknowledging that I fully understand the statements above and sign this Permission Form knowingly, freely, and willingly. My signature provided states that I have read and understand all items outlined.

Parent / Guardian Signature

Date

RULES & HOUSEKEEPING

Thank you for signing up to attend the First Mount Zion Baptist Church High School Youth Retreat 2016. We are excited about what the Lord has in store for this event. The theme for this event is Cross Training for Spiritual Athletes, with the following scripture in mind, "For bodily exercise profits a little, but godliness is profitable for all things, having promise of the life that now is and of that which is to come (1 Timothy 4:8)." With this theme, we are encouraging each Youth to behave in a manner that is pleasing to God. This means following the rules and the instructions of your adult chaperones to ensure that this event goes as planned.

- 1. Each youth will be expected to be here at 3:00 pm on Friday, April 1, 2016 wearing a red t-shirt and blue jeans. Please arrive on time to check in, receive instructions, and receive room & vehicle assignments.
- 2. Everyone will arrive here promptly at 3:00 pm on Friday, April 1, 2016 headed to the 4 H Center in Chevy Chase, MD.
- 3. We will return to FMZ on Saturday, April 2, 2016 at 5:45pm.
- 4. Transportation for this event will be provided by the church.
- 5. Twelve youth will be assigned to a lodge, along with four adult chaperones. Room to room visitation is not allowed. Youth will be permitted to gather in the common areas of each lodge.
- 6. Name tags should be worn at all times.
- 7. Possession or use of alcoholic beverages or illegal drugs is prohibited.
- 8. Possession of sexually explicit materials is prohibited. In addition, computers in the facility may not be used to download, create, forward, or transmit inappropriate, offensive, or sexually explicit communications.
- 9. No smoking. Lighting of candles in rooms is **NOT** allowed.
- 10. Bring money (no more than \$20 for vending machine snacks).
- 11. Bring light snacks.
- 12. A \$5.00 tip for the drivers will be collected from all youth at check in on the day of the event.
- 13. Please do not bring electronic devices. FMZBC will not be responsible for any lost or stolen items.
- 14. All parents are required to attend a MANDATORY Youth Retreat Parent Meeting on Tuesday, March 22, 2016 from 7-8 pm. Exceptions will only be made for emergency situations. This meeting will review all details regarding this overnight event.

By signing below, I am acknowledging that I fully understand the statements above and acknowledge receipt. I understand if any rules are violated, the participant will lose all privileges of participating in FMZBC off site activities.



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Parent / Guardian Signature	/
	//
Youth Signature	Date

WHAT TO BRING LIST

PLEASE BRING THE FOLLOWING ITEMS:

BIBLE
FLASHLIGHT
COMB /BRUSH
TOWEL/WASH CLOTH
SOAP
TOOTH BRUSH AND TOOTH PASTE
OTHER PERSONAL HYGIENE ITEMS
PAJAMAS
DISINFECTANT SPRAY
FLIP FLOPS FOR SHOWERS
BLUE JEANS (ATTIRE FOR SATURDAY: YOUTH RETREAT T-SHIRT & BLUE JEANS)
MONEY FOR VENDING MACHINES (NO MORE THAN \$20)
LIGHT SNACKS

PLEASE DO NOT BRING THE FOLLOWING ITEMS:

IPODS
ELECTRONIC GAMES
LAPTOP COMPUTERS
OTHER ELECTRONIC DEVICES



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CELL PHONES ARE PERMITTED, BUT SHOULD ONLY BE USED DURING A
BREAK OR FREE TIME