

# 2019 Youthtopia

Winter Retreat for Chi Rho & CYF (Grades 6-12)

At **CAMP CHANDLER**

[www.campchandler.org](http://www.campchandler.org)

Join us as we enjoy a weekend of games, challenges,  
and adventures led by your  
Regional Youth Council

**WHEN: January 18-20, 2019**

(Begins at 7:00 pm Friday - ends at 10:00 am Sunday)

Cost: \$130.00 (includes lodging, meals, snacks, and T-shirt)

Each church is expected to provide one paid registered adult for every 1-6 youth attending the event. All adults attending must register and pay fees.

## What to Bring?

BIBLE  
Offering  
Sleeping bag/ bedding  
Fitted twin sheet/Pillow  
Toiletries  
Towel

**SNACKS to share**  
**(Girls Sweet and Boys Salty)**

Sturdy shoes  
Flashlight  
Jacket/ Raincoat  
Camera  
Closed toe shoes for high ropes  
Bug spray

**We Are a Drug-Free Community - no drugs, alcohol, or tobacco!!!!**

----- (Complete this form along with the Medical Information Page and Agreement page and mail to) -----

Christian Church in Alabama-Northwest Florida, 861 Hwy 52, Helena, AL 35080

**REGISTRATION FORM FOR Youthtopia**  
**DEADLINE: January 8th, 2019**

NAME \_\_\_\_\_

M/F \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

T-SHIRT SIZE - (subject to availability if registration is not received by deadline) \_\_\_\_\_

CONGREGATION \_\_\_\_\_

ADULT ACCOMPANYING YOU: \_\_\_\_\_

**2019 COVENANT for Participants  
CHRISTIAN CHURCH (DISCIPLES OF CHRIST)  
IN ALABAMA-NORTHWEST FLORIDA**

*Please read (or have read to you) the following. Sign this covenant, obtain parent signature and mail with completed camp registration form and appropriate fees. Thank you for your help!*

- I will come to retreat expecting to grow in my faith and in relationship with others, becoming a special part of the retreat community. In order to do this, I covenant to follow all the rules and guidelines set by the Christian Church in Alabama Northwest Florida and any others set for this event. With this, I commit myself to the following: To be on time, attend and be attentive for all activities and participate in them fully
- Have fun and make sure everyone else has a great time
- To respect each other regardless of age and to respect others' feelings and thoughts
- I will not go from adult to adult until I get the answer I want
- Be myself and open to making new friends
- Be inclusive at all times
- Cooperate with the leaders, keynoter, director and other staff members at all times
- Be respectful of God's beauty in this special place and only leave footprints behind
- To take all that I learn about God and share it with my friends, family and church

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Parent/Guardian Signature

**2019 MEDICAL INFORMATION AND RELEASE  
MEDICAL HISTORY**

**Please answer with (yes or no):**

- \_\_\_\_\_ Do you have any health problems?
- \_\_\_\_\_ Are you currently under the care of a physician or psychologist?
- \_\_\_\_\_ Do you require handicapped-accessible facilities?
- \_\_\_\_\_ Do you have any food or other allergies?
- \_\_\_\_\_ Do you expect to have any difficulty with normal event activities?

- \_\_\_\_\_ Do you take any prescription medication?

**Detail All Medical and Dietary Issues Below:**  
(if more room is needed, please attach a sheet to this form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle Below: Should your child be allowed appropriate over-the-counter medications to be given as needed?  
Yes or No

**SIGNATURE, AGREEMENT AND RELEASE:**

In case of emergency, I hereby give permission to the physician selected by the camp director to hospitalize, order injections, anesthesia or surgery for the child named above in order to secure necessary, proper medical care. I understand that I will be contacted immediately in the event that something unforeseen happens requiring my attention. I release the Noah's Ark staff and management, camp directors and counselors, and the Christian Church (Disciples of Christ) in Alabama-Northwest Florida and its staff, from all responsibilities in case of sickness or accidents causing injury occurring during camp. I have provided proof of insurance to those in charge.

\_\_\_\_\_  
Signature of Parent/Guardian  
(Signature required regardless of age of camper)

**Emergency Contact(s) Name & Phone Number:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insurance Information:**

\_\_\_\_\_  
Name of Insurance Company, Address and Telephone  
Number

\_\_\_\_\_  
Member Name Member ID

**THIS MEDICAL FORM MUST BE COMPLETED TO  
PROCESS YOUR REGISTRATION.**

STATE OF ALABAMA )

\_\_\_\_\_ COUNTY )

**YMCA HOLD HARMLESS AGREEMENT**

I, \_\_\_\_\_, as the parent or guardian for

(Parent's Name)

\_\_\_\_\_, a minor child who is in my care and

(Child's Name)

custody, do hereby grant my permission for my child to attend a program or event at YMCA Camp Chandler. I fully understand the nature of camping and recreational activities associated with the use of the camp facilities and/or programs includes an inherent risk of danger, which may result in personal injury or harm to my child. I understand that my child will be under adult supervision at all times but, notwithstanding any level or degree of supervision, that accidents may occur which may result in physical injury or harm to my child. It is with the full understanding of the risks associated with these types of activities that I grant permission for my child to participate in the program to be conducted at YMCA Camp Chandler, and I agree to indemnify and hold harmless YMCA Camp Chandler, the Montgomery Metro YMCA, its staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my child's attendance and participation in the program conducted on camp property. Permission is granted for my child to participate and I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my child's participation in the activity or program to be conducted at YMCA Camp Chandler. I also grant permission for pictures and images of my child to be taken while participating in activities and used for YMCA promotional purposes.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Parent's Signature: \_\_\_\_\_