

KCYF Spring Retreat

March 2-4, 2012

Disciples Center/Tawakoni

The Retreat, directed by KCYF Cabinet, features Christal Williams, (pictured at right) Associate Regional Minister for the Illinois-Wisconsin region. Christal is a popular presenter with our youth. She will speak on "The Bible in Our DOC Tradition."



Program:
Friday, 7:00 p.m.—
eat before you arrive

Program ends Sunday
morning—11:00 a.m.



Fee — \$55
Deadline:
Feb. 20

*Bring: Sleeping bag,
Towels, Personal
Items — and an
Open Heart!*

Name _____ circle: Male | Female

Address _____ circle: CYF / Adult Sponsor

City/State/Zip _____

Phone: (_____) _____ e-mail _____

Home church, City/State _____

Note any special need including diet needs: _____

My Adult Sponsor is: _____

Each church is expected to send **1 adult for every group of 6 youth**—OR, smaller groups are asked to find other groups with whom the youth may share sponsors. Optional: Who will you travel with? _____

HEALTH FORM

Weight: _____ **Height:** _____

Immunization: Date of last Tetanus shot _____; Tetanus booster _____

Health Concerns: Allergies _____

Allergic to: Penicillin _____ Sulfa _____ Insect Stings _____ Poison Ivy _____ Athletes Foot _____

Subject to Asthma _____ Convulsions _____ Skin Rash _____ Fainting _____

Diet Restrictions: _____

Medications: If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on container. If applicant is on any regular medication, state drug and dosage: _____

Applicant may have: _____ Acetaminophen _____ Ibuprofen _____ Aspirin _____ Antihistamine _____

Person to notify in case of emergency:

Name: _____ Relation to Applicant _____

Phone (Home) _____ (Other) _____

Health and Accident Insurance: Please provide the following information:

Company _____ Policy Number _____

Part IV - In case of accident or illness:

I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant).

Signature: _____ Date: _____

NOTE: Chi Rho (middle school youth) will have their retreat Feb. 18-20.

Mail to: Christian Church in Kansas—2914 SW MacVicar—Topeka, KS 66611
Make checks payable to: CCK