



JCUMC Youth Middle School
2014 Fall Retreat - Camp Lee, Anniston Alabama
November 21 - 23
\$110

Enjoy a wonderful weekend together with fabulous food, time for learning and great Christian fellowship! We will leave the church at 5:30 p.m. on Friday and travel to the Camp Lee. We will return to the church on Sunday around 12:30 p.m.

Questions? Andy Webb 770-497-8215

To sign up, you need to:

- ❖ Return completed form and payment to the box on the youth floor. Write your youth's name on the memo line of your check along with the name of the retreat or event (Camp Lee).
- ❖ The first 50 youth to turn in an event registration, valid Permission Slip Waiver-Emergency #s form and payment will attend the trip. Others will be waitlisted.
- ❖ A notarized Permission Slip Waiver- Emergency #s form must be filed with the Youth Ministry office before a student is eligible to participate in any off-campus event.

Please Sign me up!!

Youth's Name: _____

Youth's Cell #: _____

Youth's Email: _____

Grade: _____ School: _____

Parent's Name: _____

Parent's Email: _____

Parent's Cell phone Number: _____

2013-2014 Permission Slip Waiver/Emergency Numbers on file?

Yes ____ No ____ Attached ____

First Day to Sign Up:

Sunday, August 10

Last Day to Sign Up:

Sunday, October 26

**We need
chaperones!!**

Please prayerfully consider giving your time to our Youth. You will be blessed, and you will be a blessing to our Youth.

(There will be no out-of-pocket costs to you.)

Cost: \$ 110.00 (Due at Sign up) Check Number:

Please check one of the following volunteer opportunities:

- ☐ Mom would like to chaperone.
- ☐ Dad would like to chaperone.
- ☐ We would like to drive a group of youth to and from this event.
- ☐ We would like to send food and/or drinks for this event.

I hereby give permission for my child to participate in the above described event, and do not hold the enterprise or Johns Creek United Methodist Church, any of its representatives, staff or officers responsible for sickness, injury or death resulting from any physical unfitness of the delegate to participate in this activity. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of above named. In the event that I cannot be reached, I hereby give permission to the physician selected by Johns Creek United Methodist Church Staff, representatives, or officers to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above.

Signature of Parent or Guardian

Date