



R E C O N N E C T I N G

Fall Retreat at Camp Piankatank November 5 – 6 (and 7th)*

Come join us for a much needed fall getaway of
time with friends and time with God!

COST: \$40

Cost includes 1 night lodging, 4 meals, activities and more.
(Checks can be made out to KGBC with Youth Fall Retreat in the memo)

We will leave the church at **5:15 p.m.** on Friday, November 5th.
A Chick Fil A boxed dinner will be provided to eat on the way.

We will return home on Saturday evening, the 6th around 8:30 p.m.
for an extra hour of sleep. (Thanks, Daylight Savings!)

*We will officially wrap up our retreat on Sunday morning, the 7th at
KGBC. Join us for Sunday School at 9:30 a.m. for a special breakfast
before wrapping up our topic for the weekend.

*If you are not comfortable sending your student overnight, parents are welcome to bring
their student to Camp Piankatank on Saturday morning for the day. Let me know, and we can
work out details.*

As always, friends are welcome on the retreat!

Consent form and money are due by October 31st.

What to Bring:

Bible

Notebook and pen

Sleeping bag (or twin sized sheets)

Pillow

Toiletries

Towel

Casual clothes

Warm clothes

Tennis shoes (required!)

Flashlight

Snacks and drinks will be provided throughout the weekend.

King's Grant Baptist Church

Student Ministry Consent Form

Name of Youth: _____ Birth Date: _____ Age: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Cell Phone(s) _____

Secondary contact to notify in case of emergency: _____

Their relationship to you: _____ Their phone: _____

Medical Information

Is your student presently being treated for an injury or sickness or taking any medication? Yes _____ No _____
If yes, please explain. (Please be sure to list medications being brought to the event)

Please list any medical issues your student has OR any other helpful medical information we may need to know:

Does your student have any allergies? (general/food/medications)

Insurance Co. _____ Policy No. _____

Emergency Authorization – I hereby give permission to medical personnel selected by the participant staff of King's Grant Baptist Church to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither my primary contact nor secondary contact can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, and secure proper treatment for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent or Guardian

Date

Youth Pledge

During youth activities and youth trips, I pledge to follow all the instructions of the youth leader and all adult chaperones, including safety instructions.

Signature of Youth

Date