

Winter Retreat 2023

LOCATION: True Life Cabin
240 Old State Rd.
Jonestown, PA 17038

DATES: Friday, Jan. 20 -
Sunday, Jan. 22

TIMES: Arrive at HUMC on Friday at
5:30PM and return Sunday at 1PM

COST: \$150;
EARLY REGISTRATION: \$125

What to bring: pillow & sleeping bag
or sheets, warm clothes, toiletries,
Bible, notebook, pen/pencil

What to expect: a fun weekend of
games, worship, fellowship, and
powerful messages!

**Registration due January 8th; Early registration
(discounted) due Dec. 18.**

**Contact Pastor Jeff Miller or Lizzie Grosh with any
questions or concerns**

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OTHER INFORMATION

Camp Cost, Registration and Payment

The total cost for each student is \$150, but we are offering a \$25 discount for those who register by Dec. 18th. This covers the cost of transportation, meals, retreat fees, and all activities. We are offering a \$25 discount (\$125 for normal registration; \$100 for early registration) for a second camper from the same family. If your family needs financial aid, please talk to Jeff Miller.

Registration and payment are due by Sunday, January 8th (or Dec. 18th for the discounted rate). Make checks out to Hempfield UMC.

Please DO NOT bring electronic devices (phones, iPods, etc.), alcohol, drugs, or weapons to the cabin. We want to have a fun and safe weekend where we are focused on Jesus and spending time with each other. Please do your part to help!

Opportunity to sponsor a meal

We are looking for people who are willing to contribute to our retreat meals financially. If this is something you are interested in, or would like to hear more, please talk to Jeff Miller.

Travel plans

To True Life Cabin: We will meet at Hempfield UMC at 5:30pm on Friday, January 20th. Our vans and accompanying entourage will depart for the cabin at 6pm sharp. Please eat something beforehand. We will have a snack later that evening.

Return Plans: We plan to return to Hempfield UMC at 1pm on Sunday, January 22nd.

Questions & Concerns

Do not hesitate to contact us with questions or concerns!

Pastor Jeff Miller (Youth Director): (717) 222-9290 | jeff@hempfieldumc.org

Lizzie Grosh (Youth Associate): (717) 537-8187 | lgrosh@hempfieldumc.org

2023 Winter Retreat Registration

Please turn in all registration forms, liability release forms, and money no later than Sunday, January 8th (or Dec. 18th for early registration).

Name: _____ Birth Date: _____ Age: _____ Grade: _____

Parent/Guardian(s): _____

Home Phone _____ Cell _____ Work _____

Home Address: _____

_____ City State Zip

If Parents are unavailable in emergency, please notify:

Name: _____

Relationship: _____

Address: _____

Phone: _____

(Church office will automatically be notified of any emergency)

Health Record:

List any remarks the counselors/staff should know concerning the camper (allergies, conditions, bedwetting, fears, handicaps, etc.).

Medications in camper's possession (if prescription, list function) (All medications should be in their original container with pharmacist's label). If possible, send only doses required for his/her camp stay

Allergic to any medications? _____

Date of last tetanus: _____

Specific activities to be restricted: _____

Health Insurance: Company _____ Insurance Number _____

Insurance Co. Address or Phone #

The following medications/first aid may be available through camp staff. Please indicate with an "X" any which you would NOT want administered to your child:

Topical ointments:

Neosporin (topical antibiotic) _____

Swimmer's Ear _____

Antiseptic Spray _____

Aloe Vera _____

Insect Repellant _____

Calamine Lotion _____

Solarcaine _____

Hydrogen Peroxide _____

Medications:

Tylenol _____

Tums _____

Dramamine _____

Chloroseptic Spray _____

Pepto-Bismol _____

Imodium/Lomotil _____

Benadryl _____

Ibuprofen _____

PARENTAL CONSENT/LIABILITY RELEASE

Release of all Claims

The undersigned, parent(s) or legal guardian(s) of the below named participant, hereby authorize his or her attendance at, participation in, and travel to and from all activities of this camp. I hereby give permission to the camp director or his representative to administer first aid, over the counter, and doctor-authorized medications. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, administer medications, and to order necessary injections, anesthesia, or surgery for the above named participant.

Furthermore, we (I) [and on behalf of our (my) child-participant, if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Furthermore, we (I) release Hempfield U.M.C., and their directors, officers, and agents from all liability for personal injury, sickness, or death, as well as property damage which may be incurred while the participant is at the camp or traveling to or from the camp.

Father or Legal Guardian Date

Mother or Legal Guardian Date

Retreater Covenant:

I agree to obey camp leaders, staff and personnel while at camp, and follow all camp rules.

Participant Signature Date