



Atlantic Northeast District

Junior High Fall Retreat

October 23-25, 2015
Camp Swatara

We hope to see all you 6th, 7th and 8th graders at retreat! There will be great learning sessions led by **Matt Christ**, from the Little Swatara congregation. Matt was a youth pastor for 8 years and here is some fun information about him:

“I like to make sure the audience is awake and alive so, I get a bit fired up in front and have been known to freestyle rap. My favorite pet is my French bulldog Nina who can snore louder than me any day. I am married with three children, two of which will be there. I ride a Harley Fatboy and drive a mustang convertible, but my everyday car is a toaster oven, a Kia Soul. Laughing is the best medicine and amidst the seriousness of living what we believe, we'll do plenty of that. I'm an Elmo impersonator as well. I love archery, hunting and sitting by campfires.”

If you were with us at last year's retreat, you will remember **Ryan Arndt** who did an awesome job leading us in music and praising God. He's back again this year! In addition, the senior high youth cabinet will join us for part of the weekend. They will be there to hang out, lead some games and impart their wisdom! And we'll have food, time to hang out with friends, and more great games and activities! Sounds like the makings of a great weekend!

Times: Registration deadline is Oct. 9; on-site check-in Friday between 7 and 7:45 pm; departure

To Bring: Friends, *advisors, indoor and outdoor clothes appropriate to the setting and weather, personal care items including towel, sleeping bag, pillow, learning utensils (Bible, notepad, pen), sitting-on-hard-surface pillow (for sessions).

Not to Bring: Anything deemed “illegal” such as: drugs, alcohol, any item construed as a weapon, or any other items which may perceivably jeopardize the health, safety, or well-being of the group. Such items will be confiscated by adult leaders. Confiscated items will be considered as forfeited property. Any return of suitable property (after the event) will be at the sole discretion of adult leadership. To prevent either loss or theft, participants are urged not bring electronic gadgetry.

*Please have one adult advisor per gender to help with supervision throughout the weekend, especially in cabins.

Reminders:

The ANE District Child Protection Policy will be in effect for this event. All verified advisors must be on file in the District Office prior to the event. ALL advisors will sign a covenant on-site.

Also - The ANE scholarship is available for this event. Please contact the District Office prior to September 16 for more information.

REGISTRATION FORM
DISTRICT JUNIOR HIGH FALL RETREAT
October 23-25 2015

Congregation _____

Names of youth registering:

Male

Female

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name(s) and contact information for Adult Advisors

Male

Phone

Email

_____	_____	_____
_____	_____	_____

Female

Phone

Email

_____	_____	_____
_____	_____	_____

Total Number of Males ____ **Total Number of Females** ____ **Total Number Registering** ____

____ X \$90 per youth ____ X \$50 per advisor Total amount enclosed \$ _____

Your registration is your commitment to abide by group and camp rules throughout the weekend. Failure to do so will result in early dismissal from the retreat. Every group should have one adult advisor per gender. If this is not possible, please contact another group near you or Jess Ross to make alternate arrangements. Thanks!

Questions? Contact Jess (717) 367-4730, or jross@ane-cob.org

Complete registration form & return it with check (one check per congregation, please) payable to: Atlantic Northeast District:

*Atlantic Northeast District Church of the Brethren
500 E. Cedar Street, Elizabethtown, PA 17022*

Or register online: www.ane-cob.org

A medical release form is required for all attending. ***BRING THESE FORMS TO THE EVENT***

MEDICAL RELEASE FORM

To Whom It May Concern:

I, the parent and/or legal guardian of _____
grant permission for medical treatment of the above person in the event of an emergency illness and/or
accident and I release Atlantic Northeast District and all volunteer personnel from all liability or medical
expense incurred. An effort will be made to contact me prior to any treatment. Where contact cannot be made,
proper medical personnel have my permission to proceed as determined by medical opinion.

Please list any known allergy to medications _____

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Signed _____

Phone _____

Congregation _____

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