"ASCEND" - Cross Street Youth Camp July 17-21, 2017

Application for Attendance

GENERAL INFORMATION:

Name:	Address:	Zip:
City:	State:	Zip:
Home Phone:	Emergency Phor	ne:
Age: Birth Date:	Grade in School	
Parent or Guardian	E-mail:	
Church Home:	Chu	rch Phone:
	MEDICAL INFORMA	TION:
		If Yes, please describe the medication
		will be bringing to and needing at camp? the condition it is being taken for:
Does Student have seizures or a Yes No If Yes please list condition Can Yes No If No please	this Student participate in spectate reasons here:	orts on a hot day?
		Phone Number:
Detach He		
	-	t 5 days . MODEST swim suit (one piece for
	· • · · · · · · · · · · · · · · · · · ·	ll toiletries, towels, sleeping bag or sheets &
		acks about \$5 to \$7 a day is enough, (student
•		c. Download full list on the web site.

Things not to bring: So we can hear from the Lord, let's get away from it all for a few days. You do not need your IPOD, mp3 player, laptop, DVD player or boom box. If you bring these we will hold them for you till we leave the last day. Cell Phones can only be brought by parental consent and can only be used to call home or to take pictures. Of course drugs, alcohol, and tobacco products are unnecessary and not welcome at LAKEWOOD RETREAT and will result in being sent home by the camp owners. Water balloons and shaving cream always seem to make their way to camp for the "last day" festivities. Please leave these at home as we all have a long trip home and would prefer to travel in clean, dry, clothes and void of cornea damage by having shaving cream put into our eyes! Thanks!

Cross Street Youth Camp 2017 - Release Form:

	Youth Camp 2017 at Lakewood Retreat & Conference		
	2017. I do hereby, for myself, my heirs, executors, and		
	and all rights and claims for damages which I may have and Retreat & Conference Center, Message Ministries &		
representatives successors and/or assigns individually	, it's members, respective officers, agents, and collectively for any damages and liabilities which		
	ection with/or arising out of my child's traveling to,		
	uth Camp 2017 the patient and others whose signatures		
	nedical and surgical treatments including anesthesia and		
operating surgeons. The intention here of being	to grant authority, to administer and to perform all		
-	diagnostic procedures which may now or during the		
course of the patient's care be deemed advisable or nece	ssary.		
In witness of our consent and agreement to matters our signatures below:	stated in the preceding sentences, we have subscribed		
REQUIRED S	<u>SIGNATURES</u>		
Participant:			
Parent(s) or Guardian(s):			
Notary	Date		
Notary Seal:			
Student Covenant:			
I	ovenant on my word, with the camp leadership, to		
abide by all camp rules and to hold myself accountal Bible. I will conduct myself as a mature, Christian,	ovenant on my word, with the camp leadership, to ble to the standard of conduct as set forth in the Holy young adult, even if I am not one.		
Signed:	Date :		
<u>information</u>	for Parents:		
Phone Number for emergencies: (352)796-4097	Address for Mail: Lakewood Retreat		
Brian Weller cell phone (727)423-7335	25458 Dan Brown Hill Rd.		
Anne Weller cell phone (727)244-0384	Brooksville, Florida 34602		

Send Camp Fees to: Message Ministries & Missions Inc. - PO Box 7158 - St. Petersburg, Florida 33734-7158 or payment can be made online at www.crossstreetyouth.com

If your Youth Leader is attending you may give the camp fees to them and they will relay them to us. For more information call Brian Weller at (727)527-0595 or cell (727) 423-7335 or e-mail crossstreet7@aol.com.