

# Message Ministries - Cross Street Youth Advance

## ALETHEIA - January 18-20, 2020

### Application for Attendance

#### GENERAL INFORMATION:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade in School: \_\_\_\_\_  
Parent or Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Church Home: \_\_\_\_\_ Church Phone: \_\_\_\_\_

#### MEDICAL INFORMATION:

Is Student taking any prescribed medication? Yes \_\_\_\_ No \_\_\_\_ If Yes, please describe the medication and the condition it is prescribed for:

\_\_\_\_\_  
\_\_\_\_\_

Is Student taking any non-prescribed medication that he/she will be bringing to and needing at camp?

Yes \_\_\_\_ No \_\_\_\_ If Yes please describe the medication and the condition it is being taken for:

\_\_\_\_\_  
\_\_\_\_\_

Does Student have seizures or any condition of which camp medical staff should be aware? Yes \_\_\_\_ No \_\_\_\_

If Yes please list condition here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can this Student participate in sports on a hot day? Yes \_\_\_\_ No \_\_\_\_ If No please state reasons here:

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### **-----Detach Here and Return Top Portion with Camp Fee-----**

**Things to bring:** Bible, notebook, pen, hat, enough clothes to last 3 days (check weather before packing). If warm **MODEST** swim suit (one piece for girls, guys cut offs or lined short pants (no speedos ok?!), older clothes for sports, older shoes for canoeing, all toiletries, towels, sleeping bag, pillow, bedclothes if desired, bug repellent, money: for snacks about \$5 a day is enough, (student can also bring snacks) baseball glove, football etc.

**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 music or video player. We will be restricting the use of cell phones at camp. If you bring these we will hold them for you till we leave the last day. 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 Advance 2020 - Release Form:

I give permission for my child to go to **"Cross Street" Youth Advance 2020** at Lakewood Retreat & Conference Center, Brooksville, Florida from January 19-21, 2019. I do hereby, for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against *Lakewood Retreat & Conference Center, Message Ministries & Missions Inc. Calvary Chapel Jacksonville, Living Hope Community Church, The Tabernacle, Faith Outreach Center* or my local church \_\_\_\_\_, it's members, respective officers, agents, representatives, successors, and/or assigns, individually and collectively for any damages and liabilities which may be sustained and suffered by me in my connection with/or arising out of my child's traveling to, participating in, and returning from **"Cross Street" Youth Advance 2020** the patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operating surgeons. The intention here of being to grant authority, to administer and to perform all examinations, treatments, anesthetics, operations and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary.

***In witness of our consent and agreement to matters stated in the preceding sentences, we have subscribed our signatures below:***

### REQUIRED SIGNATURES

Participant: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Notary

Date \_\_\_\_\_

Notary Seal:

Student Covenant:

I, \_\_\_\_\_, covenant on my word, with the camp leadership, to abide by all camp rules and to hold myself accountable to the standard of conduct as set forth in the Holy Bible. I will conduct myself as a mature, Christian, young adult, even if I am not one.

Signed: \_\_\_\_\_ Date : \_\_\_\_\_

## Information for Parents:

Phone Number for emergencies: (352)796-4097

Brian Weller cell phone (727)423-7335

Send Camp Fees to: Message Ministries & Missions Inc.

Attn: Brian Weller

PO Box 7158 St. Petersburg,

Florida 33734-7158

Camp Address: Lakewood Retreat

25458 Dan Brown Hill Rd.

Brooksville, Florida 34602

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. [www.crossstreetyouth.com/advance](http://www.crossstreetyouth.com/advance)