

Collision Student Ministries
End of the Year Retreat
December 27th- December 31st

Ages: Grades 7th -12th

Cost: \$25

Time: 4:30pm Saturday, December 27th – 10:00 am Wednesday,
December 31st

Where: Camp Wakonda 10240 N Klug Rd, Milton, WI 53563

Light in the Darkness

John 1:5

“The light shines in the darkness, and the darkness has not overcome it”

Name: _____

Male__ Female__ Birth Date: ___/___/___

Grade entered in Fall 2024: _____

Home Church: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Phone Numbers: (1) _____

(2) _____ (3) _____

Special Diet:

Vegan_____ Vegetarian_____ Allergies (please specify on Health Form)

Other _____

I hereby give my permission to The Connecting Church - Milton Seventh Day Baptist to transport the named child to and from retreat activities. I also give permission for staff to take and use any photos or videos of my child participating in retreat activities for multimedia use.

Printed Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Registration Form, Rules of Conduct Agreement, Health/Emergency Form, and Medication Form must all be completed in order for registration to be final.

Retreat Conduct

The purpose of this retreat is to provide spiritual enrichment and fellowship opportunities for all participants. The objective of these guidelines on conduct is to provide policy and direction of appropriate conduct while attending. These guidelines are based on Biblical principles and Christ-like behavior. It is hoped that these guidelines will assist in providing an environment where spiritual enrichment and fellowship can take place.

1. Youth will be under the supervision of adult staff. It is expected that the youth will be cooperative and follow the instructions, schedule and requests of the staff.
 2. The use of tobacco, vapes, intoxicants, and illegal drugs is strictly prohibited during this event as well as weapons of any kind.
 3. It is expected that youth will dress modestly and appropriately. The issue of modesty will be judged by the staff. The following items are not allowed: clothing with holes in inappropriate places, clothing with words or illustrations associated with alcohol, drugs, tobacco, offensive language, or sexual innuendos. Clothing must cover all undergarments. If clothing items are in question, please do not bring them.
 4. Public display of affection between boyfriends and girlfriends is not appropriate at this event. Students will stay within their own gender appropriate sleeping quarters.
 5. Occasionally images are taken of children/youth participants during church ministry related activities. By signing below you are giving permission to use these photos/videos for a variety of church purposes including the church website, newsletters, church presentations, worship, as well as social media. No identifying information regarding your child will be shown. Pictures and videos will not be sold.
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Your signature confirms that you have read and agree to the above.

Parent/Guardian Signature

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2025 Health Form

*Please Print

Camper Name: _____

Medical Concerns: (Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Migraines | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Allergies |

Please List Allergies: _____

Food Allergies and Restrictions: _____

Special Needs or Concerns including allergies or chronic illness not listed above: _____

Insurance Information: _____ **Policy #:** _____

Emergency Permission

Once in a while a situation occurs where a child must be treated at a local doctor's office or hospital. We need parental permission to take such action. **Signing below gives us permission** to transport your child by bus or personal vehicle and to take appropriate action should your child become ill or suffer some kind of injury requiring medical attention.

In certain cases, if a student becomes ill while at the retreat **to send the student home.**

Signing below indicates that I understand and agree to these policies:

Parent Name (Print): _____

Signature: _____ Date: _____

If the parent cannot be reached, an additional emergency contact is:

Name: _____ Relationship to child: _____

Phone #: _____

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MEDICATION FORM

Note: This form is for students who will
be taking medication of any kind

Student Name: _____

*****NO MEDICATION, (PRESCRIPTION OR OVER THE COUNTER) WILL BE GIVEN WITHOUT THE WRITTEN PERMISSION OF THE PARENT OR GUARDIAN.*****

The Connecting Church - Milton Seventh Day Baptist agrees to assist in providing your child the medication(s) listed below for over the counter drugs per parent/guardian instructions or for other drugs prescribed by a doctor. Please note that Tylenol, Ibuprofen, etc. cannot be given unless you provide it and give instructions on doing so on this form. We take no responsibility for medications that your child refuses.

ALL PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER, LABELED WITH THE student's NAME, NAME OF THE MEDICATION, CURRENT DOSAGE AND TIME TAKEN, PHYSICIAN'S NAME AND PHARMACY NAME.

All over the counter medication must be in the original container, labeled with the camper's name, dosage, time and purpose for which it is to be given.

ALL MEDICATION WILL BE COLLECTED BY DESIGNATED CAMP STAFF UPON ARRIVAL AT CAMP. DO NOT USE DAILY DOSE CONTAINERS!

***Please note: If your child needs to be on medication to be successful at school, he/she should be on the same medication to be successful at camp.

<u>Medication Name/Over the Counter Drugs</u>	<u>Reason for Use</u>	<u>Dosage</u>	<u>Frequency</u>

I hereby grant permission for The Connecting Church - Milton Seventh Day Baptist staff to supervise the preceding medication routine for my child during his/her experience.

Parent/Guardian signature _____ Date _____