



Take an opportunity and start out 2017 with time in the Word of God, and fellowship with like-minded believers. We want to “RECHARGE” and be prepared for the work the Lord has for us in the new year! Join us for our winter retreat at Black Lake Bible Camp! Information below. Don’t miss out!

When: Jan 14-16

Cost: \$102/person - Money and forms due 1/1

Where: Black Lake Bible Camp - www.blbcolympia.com

What to expect: Bible lessons, small group discussions and prayer time, group competitions, Frisbee Golf, Basketball, Volleyball And, of course, some tailor made activities (and surprises) just for our group that will make the trip unforgettable!

Who: Anyone entering 7th grade this fall through graduating Seniors in High School.

www.taylorcreekchurch.org



STUDENT INFORMATION Name: _____ male | female

DOB: _____ | _____ | _____ grade : _____

FRIEND TO ROOM WITH Name: _____ grade : _____

PARENT INFORMATION name(s): _____

home phone: (_____) _____ cell: (_____) _____

email: _____

MEDICAL HISTORY | CONSENT & RELEASE: special notes (allergies, etc): _____

I hereby authorize the participation of the above-named child in activities of Taylor Creek Church. In consideration of Taylor Creek Church providing these activities, I, on behalf of myself and other parents and guardians of the minor, do hereby release Taylor Creek Church, its officers, employees, agents, and members of the Board of Elders from all claims and causes of action by reason of any injury which may be sustained as a result of these church activities, whether on the church premises or on the way to or from these activities. I agree to direct my child to cooperate and to conform with directions and instructions of personnel of the organization in charge of these activities. Should my child not do so, and should those leading an activity believe it necessary, I will come and remove my child from the activity as soon as possible after being called by a staff representative for that purpose. I hereby give my permission to the physician, nurse, or dentist selected by Taylor Creek Church to secure medical or dental aid as required for illness or injury under a physician's orders, including transportation to and from necessary facilities. As a participant, I understand Taylor Creek Church is not obligated to carry any insurance to cover those medical and/or dental expenses. If such insurance is carried, coverage will be provided only for expenses in excess of the limits of the participant's insurance. I understand that my personal insurance is my primary coverage. This authorization shall remain effective until revoked in writing delivered to Taylor Creek Church.

X _____ | _____ | _____
signature of parent or legal guardian **date:**