



# November 18-19

Camp Beechpoint | \$55\*

The Gospel Past and Present



## Schedule

### Friday

- 5 pm - 5:30 Check-In and Pizza in the Upper Room
- 5:30 - 5:35 Vans Leave, No Stragglers
- 6:15 - 6:45 Arrive and Get Settled
- 6:45 - 8:45 Game and Worship Gathering
- 8:45 - 11:00 Free Time (Interactive Movie, Snacks, Games, Hangout, Etc..)

### Saturday

- 8:30 - 9:00 Breakfast
- 9:00 - 9:30 Devotional Time (Personal)
- 9:45 - 10:45 Group Q&A (Students Ask the Questions)
- 10:45 - 11:45 Small Groups
- 12:00 - 12:30 Lunch
- 12:30 - 5:30 Free Time
- 5:30 - 6:00 Dinner
- 6:15 - 8:15 Worship Gathering
- 9:00 Meet in Cafeteria with all Luggage
- 9:15 Vans Leave
- 10:00 Parent Pick-up

### Things to Bring:

- casual clothing for two days... clothes for rec and something casual for Saturday evening if you want.
- shoes (be sure and bring closed-toe shoes for rec).
- bedding (we will sleep in bunks but sheets/blankets/sleeping bags/pillows are necessary)
- personal hygiene items (toothbrush, tooth paste, shampoo, soap, deodorant, etc.)
- towel for showering
- bible, pen, notebook, etc.

### Things Not to Bring:

- tobacco, drugs, or alcohol
- fireworks
- Ipods, computers, or anything w/ headphones
- valuables that could be stolen
- clothing with questionable sayings, slogans, etc.

- Drop-off and pick-up are at the Upper Room, on the south side of the Riverview Center at 678 Front Ave NW, Grand Rapids.

- If you are leaving a car overnight at the church, please park in the large parking lot across Front Street (not the spaces on the south entrance)

- Every student must have a completed and signed parental permission form, no exceptions

\*NOTE: Included within your \$55 registration fee are all meals (except Friday's pizza), lodging, and transportation.

•If you need to reach us at any point during the weekend of the retreat don't hesitate to call Brandon Hirth (616)780-1429, Lauren Stelma (616)240-5145, James Fry (989)860-1304, or the camp itself (269) 673-6155.

## Event Participation Form September 1, 2011 – August 31, 2012



**crossroads**  
BIBLE CHURCH

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!  
I/We \_\_\_\_\_ parent(s) or legal guardian(s)  
of \_\_\_\_\_ (name of minor) hereby give consent for said minor to  
attend any Crossroads student events officially sponsored by Crossroads Bible Church from  
September 1, 2011 through August 31, 2012.

In the event said minor becomes ill or is injured requiring immediate medical attention while under the care of Crossroads Bible Church and/or its representatives, I/we hereby give my/our consent for said treatment and agree to be responsible for said treatment as deemed necessary by a licensed physician.

I/We further agree to hold the treating physician, the medical facility, Crossroads Bible Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorized and/or provision of said medical treatment.

I/We further hereby release Crossroads Bible Church and its representatives from any liability due to accident or injury in the normal course of Crossroads student events.

Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Every possible safety precaution will be taken by those in charge and every possible attempt will be made to contact the parent(s) or guardian(s) immediately in the event of an injury or other emergency. This form will be kept on file for one year. If any of the information changes during the year, please notify us of the changes.

Name of Parent/Guardian \_\_\_\_\_  
Name of Minor \_\_\_\_\_ Grade of Minor \_\_\_\_\_  
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Phone Numbers**  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent email \_\_\_\_\_  
Student email \_\_\_\_\_  
School \_\_\_\_\_  
Emergency Contact if Parent/Guardian cannot be reached \_\_\_\_\_  
Phone \_\_\_\_\_  
Special Medications/Medication Allergies/Other Allergies \_\_\_\_\_

**HEALTH INSURANCE INFORMATION:**  
Name of Insurance Company \_\_\_\_\_  
Phone \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Family Doctor \_\_\_\_\_  
Doctor's Phone \_\_\_\_\_!