CAMP LEBANON
"A Meeting Place with God"

32nd Annual Boys & Girls Kids' Clubs Overnight

MEGA FUN!

RETREAT B January 12-14, 2018 (grades 3-6)

HEY, KIDS...AND PARENTS!

Hurray! Our kids club is going to Camp Lebanon for a *mega fun* overnight adventure!

TIME: Friday evening – Sunday afternoon.
PLACE: Camp Lebanon 1205 Acorn Road, Burtrum, MN 56318
CAMP PHONE: **1.800.816.1502**
LEADER PHONE: _____
FEE: $_____ (includes program, housing, 3 Saturday meals, Sunday breakfast).
SUPERVISION: Club leaders from church.

THINGS TO BRING: Bible, sleeping bag, pillow, towel, warm clothes (coat, sweatshirts, hat, gloves, boots), money for store and canteen. OPTIONAL ITEMS: ice skates, flashlight, a friend or two!

DO NOT BRING: Electronic entertainment devices of any kind, expensive jewelry, weapons, hockey equipment…

THINGS TO DO: Outdoor group events, crazy indoor fun, annual Iditarod "Dog" Sled race, broomball, tubing on Hazzard Hill, skating, tree house, carpet ball, foosball, hiking, great food, singing, Bible lessons, club adventures, Trading Post…and so much more!

SPECIAL GUEST: *Don Bursell!* Perhaps the funniest clown, juggler, and illusionist you will ever see! Known as "Circus Unique," DonB travels the world sharing a love for laughter and for his Lord Jesus Christ.

TRANSPORTATION: Leave -

Return -

HOW TO SIGN UP:

FOR MORE INFORMATION, PLEASE CALL: _____

VISIT CAMP ON THE WEB: www.CampLebanon.org (map, photos, Camp calendar, and more!)

2018 CAMP LEBANON MEGA FUN! REGISTRATION & RELEASE (TURN IN TO LEADER)

Name _____ Birth Date (mo/day/yr) _____ /_____ /____ Grade _____ ☐ Boy ☐ Girl

Address _____ City/State/Zip _____

Primary Phone (_____)_____ ☐ Mom ☐ Dad Secondary Phone (_____)_____ ☐ Mom ☐ Dad

Parents/Guardians _____ Email _____

Church / City_____ First time to Camp Lebanon ☐ Yes ☐ No

Tetanus Shot (date of last booster) _____ Pain Reliever: ☐ Aspirin ☐ Tylenol ☐ Ibuprofen ☐ All ☐ NONE

Known Health Issues ☐ Asthma ☐ Anxiety ☐ HIV/AIDS ☐ Diabetes ☐ Epilepsy / Seizures ☐ Hepatitis ☐ Bowel Habits
☐ Cardiac ☐ Depression ☐ ADHD ☐ ADD ☐ ODD ☐ Other _____

Known allergies, medical problems or physical limitations _____ (use back if needed)

AUTHORIZATION (Parent / Guardian must sign for minors) **Medical:** In event of emergency, I/we authorize qualified Camp personnel to give medical care and determine need for a physician's services. **Grievances:** I agree to not hold Camp Lebanon liable for any illness or mishap from any cause whatsoever and will settle claims against Camp through Christian conciliation **Promotion**: Camp may use comments and/or images of named camper in Camp Lebanon promotions.

_____ _____ _____
Signature of parent/guardian of youth participant Print name Date

_____ _____ _____
Signature of adult participant Print name Date