**ERINDALE ALLIANCE CHURCH**

**Who:** E.A.C. Youth

**Date:** Jan 31- Feb 2, 2020

**Time:** Drop off EAC at 5:00pm on Friday evening, Pick up at EAC at 3:30pm on Sunday

**Where:** Ranger Lake Bible Camp

**Contact:** Matthew Derksen (306) 945-7236

**For questions re: registration:** Contact Matthew at (306) 249-3393

**BRIEF DESCRIPTION OF EVENT & GENERAL TIME FRAMES:**

E.A.C. Youth will be heading up to Ranger Lake for a weekend retreat. It will be a weekend to grow together as a group, grow in our relationships with Jesus, and have fun!

The group will meet at the church @ 5:00pm, pack into vehicles driven by various leaders,

and then head out to camp! The students will be back at the

church for pick up on Sunday afternoon around 3:30pm.

**Waiver**

I, the undersigned parent/guardian, **will not** hold Erindale Alliance Church (EAC) or

its staff responsible for any medical or personal injury, or any other loss or damage and

therefore, waive any claim against EAC. I acknowledge that it is my responsibility to take the

necessary steps for insuring against personal injury, loss, property damage, or any other loss or

damage that might be incurred by my son/daughter.

In the event of injury or illness, I authorize EAC staff to seek and obtain surgical or medical

attention for my son/daughter in the event of an emergency, without the necessity of prior

approval. It is understood that if any emergency occurs, a responsible adult will ensure that my

son/daughter receives proper medical attention.

\*Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Emergency Contact Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_