

# KCYF Spring Retreat

## March 5-7, 2010

### Disciples Center/ Tawakoni



**Program:**  
Friday, 7:00 p.m.—  
eat before you arrive

Program ends Sunday  
morning—11:00 a.m.



**KCYF Retreat**, directed by KCYF Cabinet—will feature Amy Gopp, (pictured above). Amy is the “new” Executive Director of Week of Compassion. Amy’s youthful approach to serious world disasters and issues will bring a fresh perspective to what it means to be “followers of Jesus.”

**Fee — \$55**

**Deadline:  
Feb. 20**

**Bring: Sleeping bag,  
Towels, Personal  
Items, —and an Open  
Heart!**

Name \_\_\_\_\_ circle: Male | Female

Address \_\_\_\_\_ circle: CYF / Adult Sponsor

City/State/Zip \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ e-mail \_\_\_\_\_

Home church, City/State \_\_\_\_\_

Note any special need including diet needs: \_\_\_\_\_

My Adult Sponsor is: \_\_\_\_\_

Each church is expected to send **1 adult for every group of 6 youth**—OR, smaller groups are asked to find other groups with whom the youth may share sponsors. Optional: Who will you travel with? \_\_\_\_\_

### HEALTH FORM

**Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Immunization:** Date of last Tetanus shot \_\_\_\_\_; Tetanus booster \_\_\_\_\_

**Health Concerns:** Allergies \_\_\_\_\_

Allergic to: Penicillin \_\_\_\_\_ Sulfa \_\_\_\_\_ Insect Stings \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Athletes Foot \_\_\_\_\_

Subject to Asthma \_\_\_\_\_ Convulsions \_\_\_\_\_ Skin Rash \_\_\_\_\_ Fainting \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

**Medications:** If parent/guardian sends any medications, it is required to be in the original container, with name and instructions printed on container. If applicant is on any regular medication, state drug and dosage: \_\_\_\_\_

Applicant may have: \_\_\_\_\_ Acetaminophen \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Aspirin \_\_\_\_\_ Antihistamine \_\_\_\_\_

**Person to notify in case of emergency:**

Name: \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Other) \_\_\_\_\_

Health and Accident Insurance: Please provide the following information:

Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Part IV - In case of accident or illness:**

I hereby give permission to the physician selected by the event director to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for (name of applicant).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Chi Rho (middle school youth) will have their retreat Feb. 19-21.**

**Mail to: Christian Church in Kansas—2914 SW MacVicar—Topeka, KS 66611**  
**Make checks payable to: CCK**