

The GOOD Life

middle school
retreat

JANUARY 12-14

We're all looking for a life that is full and whole. The question we all need to answer is where we look and what lengths we go to in order to find that kind of life. Join us as we discover what it means to live

The GOOD Life

ACTIVITIES

Choose one on the registration form!

Paintball



Ropes Course



Horseback Riding

DETAILS

WHEN: Friday, Jan 12 - Sunday, Jan 14

Meet @ your congregation @ 4pm on the 12th. Return @ Noon on the 14th.

REGISTRATION DEADLINE

January 1, 2018

WHERE: Miracle Ranch, Port Orchard, WA

COST: \$160 (payable to your congregation)

WHAT TO BRING: Sleeping Bag, Pillow, Toiletries, Towel, Warm Clothes, Clothes that can get wet/muddy. For horses: denim and closed-toe shoes are required.

WHAT NOT TO BRING: Cell Phones, iPods, Knives, Guns, Drugs/Alcohol.

QUESTIONS? Contact your church's youth director, or e-mail Laura Sargent: youth@epiphanyseattle.org



This retreat is a collaboration between Episcopal congregations on the Eastside, in Seattle, and the Episcopal Diocese of Olympia.

Winter Retreat 2018 - Registration Form

WHO WILL BE THERE?

Youth from other area Episcopal churches! Come expecting to make new friends and connect with youth just like yourself from the area. You might just discover that you are not alone in your questions about life and faith.

The retreat is open to youth in grades 6-8.

WHERE ARE WE GOING?

We are going to a camp an hour away from Seattle called Miracle Ranch. They have a great space for us to use and cabins for us to sleep in. The cabins are heated and have their own bathrooms, but you still need to bring a sleeping bag and pillow.

WHAT WILL WE DO?

Have an enormous amount of fun! Don't expect to sit around bored during the retreat! We'll play crazy games, eat great food, and have an adventure. We will also have some very real conversation about life and faith. Come expecting to encounter Jesus and discovering what it means to live THE GOOD LIFE.

Did we mention that there is paintball, a ropes course, and horses?!

WHY COME?!

Why NOT?!?

Name: _____ Birthdate: _____ Grade this fall: _____

Gender: _____ Address: _____

Phone: _____ Email: _____

Congregation: _____

Dietary needs: _____

Adventure Activity (chose one): Ropes Course Paintball Horesback Riding

Cost for the retreat is \$160. Make Checks Payable to Your Congregation

Check enclosed/attached I'd like my fee to be covered by a scholarship.

PERMISSION TO ENGAGE IN WINTER YOUTH RETREAT ACTIVITIES: I/we, the parents/legal guardians of the youth named above, hereby grant permission for our child to participate in the Winter Youth Retreat. I/We take full responsibility for the actions of our child and relieve all adults, all participating churches and the Diocese of Olympia ("the Churches") of any liability in conjunction with these activities. _____ (initials)

PHOTOGRAPHIC IMAGE RELEASE: I/We give permission for the child named above to be photographed and/or videotaped during the retreat and for the images and/or recordings to be published, reproduced, or distributed by the Churches in all outlets, including, but not limited to, television, newspapers, internet, church publications, and promotional materials without liability or limitation on my or my minor's part. Furthermore, such use shall be without payment of fees, royalties, special credit, or other compensation. _____ (initials)

EMERGENCY MEDICAL CONSENT: I/We give permission, if I/we cannot be contacted, for our child to be treated at any hospital or licensed health care facility by any physician when deemed immediately necessary or advisable by the physician to safeguard our child's health. I/We waive the right of informed consent to such treatment. _____ (initials)

EMERGENCY INFORMATION

In case of emergency, please contact: _____
(Parent or guardian) (Phone)

(Additional contact) (Phone)

Our child has the following allergies and/or physical limitations and/or is taking the following medications (if none, write that here): _____

Health Insurance Company: _____

Policy Number: _____ Name of Insured: _____

Family Physician: _____ Physician Phone Number: _____

"I have read and initialed all the appropriate sections above."

Signature of parent/guardian Date