

CYF MIDWINTER

January 6th - 8th 2012

7:00pm - 11:00am

Tall Oaks

Camp and Conference Center

\$75.00 or \$90.00 after December 31st

Registration forms can be found at www.talloaks.org
(under regional youth)

No Adult Sponsors are needed. Counselors have been recruited for this event!

MidWinter will be a transforming experience for all! Come enjoy small groups, keynotes, interest groups and a "When I grow up" dance! (Dress as someone you wanted to be as a kid) Please bring bedding, warm clothes, musical instruments and an open heart and mind. Meet new disciples and renew old friendships from camp!

TRUE LIFE

THINK IT. CREATE IT. BROADCAST IT.

Please contact Meghann Murtaugh at 913-972-2769 or meg_frog80@hotmail.com or Kassie Smith at 913-449-1853 or smith.kassandra@gmail.com

CYF MID-WINTER RETREAT

True Life – Think it. Create it. Broadcast it.

January 6th – 8th, 2012 7 pm – 11 am

Make Checks out to: Greater Kansas City Region Christian Church (Disciples of Christ)

Give this form & \$75 (\$90 after Dec 31) to your youth leader by December 31

NO REGISTRATIONS WILL BE ACCEPTED AFTER JANUARY 3rd

Leaders, please mail your completed forms to Belton Christian Church, 409 Airway Lane,
Belton, Mo 64012, Attention: Meghann Murtaugh.

Contact Meghann Murtaugh 913-972-2769 (meg_frog80@hotmail.com) or Kassie Smith 913-449-1853
(smith.kassandra@gmail.com) with additional questions.

YOUTH NAME _____ GENDER _____ GRADE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONGREGATION _____ YOUTH E-MAIL _____

No Adult Sponsors are needed. Counselors have been recruited for this event.

Parental/Guardian Consent

This youth has my permission to participate in the CYF Mid Winter Retreat of the Greater Kansas City Region, Christian Church (Disciples of Christ). I will not hold the GKC Region, Tall Oaks Conference Center, the ministers, or adult leaders responsible for liability in injuries or accidents that might occur during this event and by this document do release them from any liability. I authorize any of the ministers or youth leaders to take my child to a licensed physician or hospital for any emergency medical aid or hospitalization required during the event. I also request that the ministers/leaders make a reasonable attempt to contact me in the event of such an accident. I understand that rules and regulations will be established governing participation as part of any sponsored group, and conduct during the event. I have instructed my child that she or he must abide by those rules.

Signature Parent/Guardian (if participant is under 18)

PRINT Parent/Guardian Name Phone Number

In the event that parents cannot be reached, please contact

Name

Phone Number

Relationship to youth

YOUTH NAME: _____

Medical and Emergency Information

Physician's Name Physician's Telephone

Insurance Carrier Insurance Telephone Number

Insurance Policy/Certificate Number (s):

Please list all medical conditions/medications that a physician should know before treating your child. Use the back of the page if needed.

