



## CONSUMED

This weekend we will be taking a look into the way God has revealed himself through and related himself to fire in the scriptures. How can understanding God in this way draw us deeper into relationship with him and each other? Come with us to find out and be consumed!

**MEET @ the church building: FRI, Jan 27th @ 4:30 p.m. RETURN: SUN, Jan 29th around 2:30 p.m.**

**Cost: \$110** (includes travel, lodging, meals, & conference costs) A **\$40** deposit is due by **December 18th**.

### What to Bring:

Bible, pen, clothes (make sure to bring some active wear), sleeping bag, pillow, towel, personal items, & water bottle.

[www.pinecove.com/retreats/ranch](http://www.pinecove.com/retreats/ranch)

Sign me up for **CONSUMED**

Emergency/Health Info

By joining us for this retreat, students agree to respect and follow the authority of the group leadership, obey all guidelines for the retreat both stated and implied, respect the rights of others, and attend all group meetings and meals. Students also agree not to bring any fireworks, alcohol, tobacco or drugs. If a student does not comply in these areas, we will not hesitate to call the student's parents to come and pick up their son or daughter.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in the Retreat to be held February 25-27, 2011 at Pinecove in Tyler, TX. I do hereby release, forever discharge and agree to hold harmless any participating churches from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature which may be incurred by the participant while participating in said retreat. Furthermore, I hereby assume all risk of personal injury, sickness, death or damage as a result of participation in retreat activities involved therein. I further hereby agree to indemnify any participating churches, their directors, employees and volunteers for any liability sustained by any participating churches as a result of the negligent, willful or intentional acts of said participant. In signing, I do understand and agree that my deposit is nonrefundable. It is also understood that my student will obey all regulations and follow instructions or be sent home at my expense without refund of monies paid.

(parent signature) \_\_\_\_\_ Date \_\_\_\_\_

(student signature) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Best number to be reached at \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

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

Best number to be reached at: \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Other information to notify staff of (allergies/other health problems):  
\_\_\_\_\_

My child has permission to participate in all activities, unless noted. I give permission to medical personnel to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached, I give permission to hospitalize and secure proper treatment for my child as needed.

Parent/Guardian signature:  
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