

Reígníte

Reígníte Youth Faíth:
Young Friends Fall Retreat
November 12th-14th

@ Quaker Lake Camp

Register @ www.friendschurchnc.org

Early Sign up ends

September 12th (\$40)

Deadline Oct 31st (\$50)

3D Youth Conference 2021

"Reignite"

November 12th – 14th, 2021 (Check in 7 pm - Pick up 2 pm)

Please check one:

Final Deadline: October 31st

☐ **Young Friend**
(7th – 12th Grade)

☐ **Chaperone for Young Friends**
(Freshman in College & Up)

Cost: \$50 / Person - \$40 for Early Bird (Sept 12)

Cost: \$0 / Person

Please complete and return with full payment ASAP for reserved spot!

PLEASE PRINT

Name: _____ ☐ Male ☐ Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Age: _____ Grade in School for '19-'20: _____
(Month / Day / Year)

Parent(s) or Guardian(s) _____

Do you attend a Friends Meeting: ☐ Yes ☐ No Meeting/Church you attend _____

Roommate request: (up to 4 people) _____

T-Shirt Size: ☐ Youth Large ☐ Small ☐ Medium ☐ Large ☐ XL ☐ Other _____

Accommodations: QLC Cabins – Still bring all your bed items you will need.
Package includes 2 NIGHTS, ALL MEALS AND SNACKS at the Camp.

MEDICAL INFORMATION FORM FOR EVERYONE

Insurance Company _____

Policy # _____ Phone # _____

Policyholder's Name _____ Phone # _____

Doctor's Name _____ Phone # _____

Medications Participant is using under doctor's orders _____

Allergies or other health problems _____

Emergency Contact #'s _____

In the event it becomes necessary to seek medical attention for _____
during the period she/he is a participant in this event, I hereby authorize the leaders to execute the proper treatment for
the above participant.

Signed _____ Date _____

ALL PARTICIPANTS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT/GUARDIAN SIGNATURE

**Make checks payable to FCNC designating for Young Friends Yearly Meeting and mail to:
600 E Springfield Road, High Point, NC 27263**

CREDIT CARD PAYMENT

Account Number: _____ Amount: _____ Expiration Date: _____

Cardholder's Name: _____ CVC # _____ (3 digit) Zip: _____
(PLEASE PRINT)

(SIGNATURE)

This transaction will appear on your statement as charged to NC Yearly Meeting. This information will be kept confidential in a secure location.

Event Guidelines

- Everyone is expected to follow all guidelines, and failure to do so will result in disciplinary action.
- If you need to be gone at any time during the event, to work or other obligations, you need to arrange your schedule in advance with the directors at registration.
- I realize that photographs, video, articles, statements, names, music or art by my child will be used in promoting other Friends Church of North Carolina activities.
- Respect all other participants and their property, as well as, the property of the facilities.
- At lights out everyone is expected to be in their own room/cabin.
- Attendance is expected at ALL scheduled activities.
- Everyone is expected to clean up their own room/cabin and leave furniture arranged as it was found.
- If you are taking prescription drugs of any kind you must report this to the directors in charge of the event.
- It is not acceptable during events to perform bodily alterations such as piercing, tattooing, hair coloring/cutting, or any other major variation.
- Cell phone usage for calls, texts, or internet is not permitted during any scheduled activities.
- Recognizing the way that I portray this event affects myself and others, all information (status updates, tweets, pictures, videos, etc.) related to this event that I post on the internet (Facebook, Twitter, Social Media, etc.) will be positive, of good taste and reflect Christian character.

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ABSOLUTES

(Disciplinary action will be sending you home at your expense!)

- **No possession or use of tobacco products (cigs, dip, chew, etc.), alcohol, or non-prescription drugs, knives, firearms, or fireworks.**
- **Sleeping areas are off limits to members of the opposite sex.**

***** I have read the above guidelines and agree to follow them at the event.*****

Printed name of Participant

Signed name of Participant

Date

Printed name of Parent / Guardian

Signed name of Parent / Guardian

Date

ALL PARTICIPANTS UNDER AGE 18 ARE REQUIRED TO HAVE PARENT/GUARDIAN SIGNATURE

***** We need you to fill out a permission form! IT IS ONLINE! *****

(Link Below)

<https://www.urbanairtrampolinepark.com/sign-trampoline-park-waiver>

(Select Winston Salem for the Urban Air Park!)