



# WEEKEND RETREAT

Sponsored by New Horizons Church - GenArise Youth Ministry



## CAMP WA-RI-KI

17051 Washougal River Rd., Washougal, Wash.

Ages: 13 to 30 yrs old

**Application Fee : \$60.00**

(Note: \$10.00 deposit is required with this application)

Applications must be received by March 3, 2008; there will be a \$10.00 late charge for applications received after this date.

Make checks payable to "New Horizons Church".

Mail to **Rainier Camina, 769 - 9<sup>th</sup> St., Washougal, Wa. 98671.**

E-Mail = [camina516@hotmail.com](mailto:camina516@hotmail.com)

Website = [www.newhorizons-church.org](http://www.newhorizons-church.org)

**Camp WA-RI-KI Directions:**

From I-5 or I-205 (from Vancouver, WA.) take Camas exit (SR 14) East to Washougal. Turn left (north) onto 15<sup>th</sup> St. (which will turn to 17<sup>th</sup> St.). Drive 17 miles on the Washougal River Rd., follow the signs to the State Fish Hatchery. Camp WA-RI-KI is one mile past the Fish Hatchery, on the left-hand side of the road. Allow 1 hour from Vancouver. Camp Telephone # (360) 837-1058

**CAMP CHECK-IN TIME**

**4:00 PM Friday**

**CAMP CHECK-OUT TIME**

**11:30 AM Sunday**

=====

## RETREAT APPLICATION

Name \_\_\_\_\_ Male [ ] Female [ ] Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*"I certify that all the information on the front and back of this application is accurate to the best of my knowledge. I understand in signing this application, that I am agreeing to abide by all the rules, policies and discipline of the Retreat as set forth by the Director and staff."*

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required if applicant under 18 yrs old)

*(Checks or Money Orders payable to "New Horizons Church")*

Mail application & \$10.00 deposit to : Rainier Camina

769 - 9th St., Washougal Wash. 98671

<b>MEDICAL INFORMATION</b>
----------------------------

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Does your family carry health insurance? \_\_\_\_\_ If so, please list your insurance carrier's name and address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**PLEASE CHECK IF THE APPLICANT HAS ANY OF THE FOLLOWING:**

Rheumatic Fever [ ] Heart Trouble [ ] Tuberculosis [ ] Asthma [ ] Fainting [ ] Diabetes [ ]  
Convulsions [ ] Kidney Trouble [ ] Polio [ ] Sleep Walking [ ] Serious Ivy or Oak Poisoning [ ]

Tetanus Shot within last 10 yrs ? \_\_\_\_\_

Recent Illness \_\_\_\_\_ Recent Surgery \_\_\_\_\_

**Allergic reactions to:** Bee Sting [ ] Penicillin [ ] Other Drugs \_\_\_\_\_

Food \_\_\_\_\_ Other \_\_\_\_\_

Presently taking Medications, namely \_\_\_\_\_

*Note: All medications or drugs must be administered by the retreat nurse for campers under 18 yrs old. Medications and written instructions will be collected at registration.*

Are there any activities in which he / she should not take part ? \_\_\_\_\_

Is he / she presently on a Special Diet? \_\_\_\_\_

COMMENTS; \_\_\_\_\_

I understand that if any accident should occur or any sickness which my child may have, for which the retreat / Church insurance does not provide, it is my own responsibility, and the retreat / New Horizons Church / Church of God of Prophecy will not be held liable for any expense in such case. I consent for my child to take part in all activities of this retreat.

In case of medical emergency I understand that every effort will be made to contact parent or guardian. If I cannot be reached, I hereby give permission to the physician selected by the Retreat Director to secure proper treatment for, hospitalization, and to order injection, anesthesia, or surgery for my child, as named above.

**Authorized Signature** \_\_\_\_\_

(Parent or Guardian)

=====

**OFFICE USE ONLY**

Date received \_\_\_\_\_ Deposit \_\_\_\_\_ Balance \_\_\_\_\_ Group Leader \_\_\_\_\_