

**JR & SR High Mid-Winter Advance/Keswick Retreat**  
**January 15-17, 2016**  
**Whiting, NJ ~ (800) 453-7942**

**WEEKEND REGULATIONS**

- \* Absolutely NO smoking, drinking, or other drugs
- \* Appropriate casual attire for the weekend. No pajamas can be worn outside of sleeping area
- \* Please leave cell phones turned off during all programs, seminars, devotions, and discussion sessions.
- \* Stay on camp property. Emergency leaves **MUST BE APPROVED BY THE DEAN FIRST!**
- \* Swimsuits must be modest: no two-piece swimsuits or cutoffs

\* **IN CASE OF DISCIPLINARY ACTION, PARENTS MAY BE EXPECTED TO COME TO KESWICK TO PICK UP THEIR YOUTH.**

- \* Youth sign up for seminars when they arrive

**WHAT TO BRING**

- \* Bible (modern translation preferred)
- \* Notebook and pen or pencil
- \* Towel, soap, toothpaste/brush, etc.
- \* Modest swimsuit and extra towel
- \* Bedding is supplied

\* Sunday, January 10: During normal youth group time, starting at 7pm in the church sanctuary, we will set up room assignments, share prior experiences, discuss rules, and prepare for our trip until 8pm.

\* Friday, January 15: We will gather in Fellowship Hall at North Branch Reformed Church at 5:30pm in order that we might depart by 6pm. Please make sure your child has eaten dinner before she/he arrives, as we will not be stopping on the way. We will be returning to church Sunday afternoon by 2 pm.

Return signed forms and a check for \$130.00 to North Branch Reformed Church attention:

Pastor Mark Swart 203 Route 28 Bridgewater NJ 08807

**MAKE CHECKS PAYABLE TO NORTH BRANCH REFORMED CHURCH YOUTH**

Registration and check are due by December 6 and is first come first served based on sufficient transportation & chaperones (1 per 7 same-sex teens) for which we may need parents to volunteer.

Spaces will only be reserved in your name with a signed registration form and check.

Please detach form

**REGISTRATION FORM AND PERMISSION SLIP**

**Church: NORTH BRANCH REFORMED** **Mid-Winter Advance #1 Jan 15 - 17**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Grade: 6 7 8 9 10 11 12 College FR SO JR SR** **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**HEALTH INFORMATION**

**Allergies: (Food, drugs, bites, etc.)**

**Dietary Restrictions:**

**Are you on medication during this weekend? YES NO**

**If YES, name drug(s) and time(s) to be taken:**

**Approximate date of last tetanus shot: \_\_\_\_\_ or tetanus booster: \_\_\_\_\_**

**PARENT INFORMATION**

**I have completed the above information, read the regulations for the weekend, and reviewed them with my youth. I understand I may be asked to transport my youth home from Mid-Winter Advance in case of disciplinary action.**

**Further, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.**

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_