

# 2007 CHI RHO FALL RETREAT REGISTRATION FORM

NOVEMBER 2-4

Grades 6-8

Registration Deadline: October 24<sup>th</sup>

FOR: Chi Rho, Grades 6-8

TIME: Begins -Registration is Friday Evening at 9:00 a.m.  
Ends - Sunday morning at 11:00 a.m.

PLACE: Bethany Hills Camp, 1080 Bethany Hills Road, Kingston Springs, Tennessee, off Highway 70; (615) 952-9184

BRING: Bible  
Pencil and Paper/Notebook  
Comfortable Clothing  
Raincoat/Umbrella/Flashlight

Sweater or Light Jacket  
Bed Linens/Pillow/Blanket  
Towel/Washcloth/Toiletries  
Money for Canteen & Offering

## I AM REGISTERING FOR:

**Chi Rho Fall Retreat – Grades 6-8**

(PLEASE PRINT)

I AM A: YOUTH: \_\_\_\_\_ ADULT: \_\_\_\_\_

NAME: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CHURCH: \_\_\_\_\_ CITY: \_\_\_\_\_

EMAIL ADDRESS (PRINT VERY CLEARLY): \_\_\_\_\_

**CAMP COVENANT AND PERMISSION SLIP MUST BE SIGNED – SEE THE BACK OF THIS FORM.**

**SEND REGISTRATION FEE OF \$75 PER YOUTH; \$67.00 PER ADULT -WITH THIS FORM**

**TO: Christian Church in Tennessee  
50 Vantage Way, Suite 251  
Nashville, TN 37228**

## IMPORTANT REMINDERS:

- **No phone or FAX reservations!**
- **\$15.00 of the fee is non-refundable.**
- **No refunds or cancellations within 48 hours of event.**
- **Smoke free retreat.**
- **The retreats can fill up before the deadline date – please send in your registration form early to insure a space.**
- **QUESTIONS:** Call 615-251-3400 or email [hope@bethanyhills.org](mailto:hope@bethanyhills.org).

Camper Covenant with The Christian Church in Tennessee -

I have read and agree to the following covenant...

- I will be respectful to all persons and the camp environment at all times.
- I understand that possession of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc) while at camp is prohibited and I will be sent home if these items are found in my possession.
- Radios, boom boxes, cell phones, pagers and beepers are disruptive to the camp community and I will not bring them to camp.
- I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate in camp activities so I can get the most out of camp.
- I will not damage camp property and will be held financially responsible for any repairs needed as a result of my actions.
- I understand that sneaking out of my cabin after lights-out will result in a one-year suspension from all camp activities and I will be sent home.
- I understand that food should not be brought to camp.
- I understand that I may be sent home for behaving consistently in a way that does not reflect Christian love and grace.

**Camper Signature:** \_\_\_\_\_

**Parent/Guardian Release:**  Yes, the region has permission to photograph my child for promotional purposes including internet, newsletters and film.  No, do not photograph my child. Our camper has permission to participate in camp. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp. I/We further release the camp director(s) and staff, Christian Church in Tennessee Region from responsibility and liability for any accidents or illness occurring during camp. I/We also authorize the camp director or medical supervisor to dispense non-prescription drugs (i.e. Tylenol; ibuprofen) if the situation warrants. **Please indicate if there are any emotional events (family serving in military, more, divorce, death, etc.) that may affect camper?** \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Name of your Medical Insurance Company: \_\_\_\_\_

I do not have insurance at this time. \_\_\_\_\_