

## **SVBC Gals Retreat 2020**

- The Gals retreat is **5pm March 6th to 11:45 am March 7<sup>th</sup>**. It is open to girls in grades 7-12.
  - The Youth Sponsor team will be leading these events (girls and guys at the respective events).
  - There are two meals (Supper Friday and breakfast on Saturday). These are prepared by the students.
  - The Gals Retreat is a retreat that stems from a student vision to have a time of fellowship to discuss topics that are very pertinent to where they are, and to be able to connect with each other in a retreat setting. The activities chosen also originate from this vision.
  - Please remind us of any food allergies so we can make arrangements if needed.
  - There will be activities and speaking sessions (Schedule available). These may include videos or audio screened by me.
  - **The cost for this event is \$5.00/person; Guests are FREE!**
  - Bring overnight gear (foamy, sleeping bag, toiletries etc), Bibles, and electronics at your discretion.
  - If your child needs to leave the church earlier than the end time, the parent or child must make us aware beforehand.
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Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Concerns (including asthma and food allergies): \_\_\_\_\_

(May write more on back)

Alberta Health Care Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Parental Permission and Waiver:**

I/We the undersigned parent(s) of \_\_\_\_\_ acknowledge that the students will be sleeping at the church overnight. We give permission for leaders and/or assistant to approve and obtain medical attention necessary to the participant's welfare and good health. If such a situation were to occur, the leaders will attempt to notify the parents or other emergency contacts, as soon as possible. In case of accident or illness, the participant must pay for any emergency transport and hospital/physician/medical expenses.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Participant Agreement:**

As a participant I \_\_\_\_\_ agree to abide by the rules laid out by the Youth Pastors/Sponsors for the Gals Retreat and agree that I can be withdrawn if I do not comply.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions or would like more information than provided,  
please contact Pastor Justin at 780.458.3777 or email [pastorjustin@svbc.ab.ca](mailto:pastorjustin@svbc.ab.ca)**