

**Mid-Winter Advance
Registration and Permission Slip**

WEEKEND REGULATIONS

- ✦ Absolutely NO smoking, drinking, or using drugs
- ✦ Appropriate casual attire for the weekend
- ✦ No personal entertainment devices of any type including radio, cd player, portable tv.
- ✦ Please leave cell phones turned off with your counselor 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.

Each group is to be covered with insurance from departure point to destination and return.

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

Youth sign up for seminars when they arrive.

Complete Registration form and Sign, both Youth and Parents
Return form and check for \$110.00 made out to PUMC
Please return forms by Sunday, November 30, 2008
Date for the Mid-Winter Advance is January 9-11, 2009

please detach form

REGISTRATION FORM AND PERMISSION SLIP

Church:		Mid-Winter Advance #	
Name:		Phone:	
Address:			
City:		State:	Zip:
Grade: 6	7	8	9
10	11	12	College: Fr So Jr Sr
Age:		Sex:	
Email Address:			
HEALTH INFORMATION			
Allergies: (Food, drugs, bites, etc.)			
Are you on medication during this weekend? YES NO			
If YES, name drug(s) and time(s) to be take:			
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:	