

# Nutrition Facts

Serving Size One Weekend

Serving Time January 21–23, 2011

Cost per serving (paid to your Youth Leader)

**\$70** paid by Jan. 12th    **\$60** paid by December 29th

**% Daily Value\***

<b>Total Fun</b>	<b>100%</b>
Games & Activities	100%
Great Music	100%
Deep Spiritual Messages	100%
Fabulous Food	100%
Priceless Fun with Friends (Old & New)	100%
Near Limitless Hot Chocolate	100%
Your Favorite Adults in the World	100%

\* Percent Daily Values are based on being created in the image of God and following after Him with your whole heart. Your daily values may be different depending on the depth of your relationship with Jesus Christ.

**Ingredients (What to Bring):** Bible, notebook, pen, your heart, sleeping stuff [which may include a sleeping bag or blankets, pillow and stuffed teddy], enough clothes for a weekend of indoor & outdoor activities [this should include coat, hat, gloves/mittens, boots, as well as plenty of jeans, shirts, sweatshirt, socks, underwear, etc.], a sense of adventure, money, and toiletries [toothbrush, toothpaste, deodorant, contact stuff, etc.]

**ANTI-Ingredients (What NOT to Bring):** Electronics [cell phones, MP3 players/iPods, gaming systems, etc.], alcohol [duh!], tobacco [duh!], fireworks [duh!], weapons [duh!], bad attitudes, expensive 'anythings'



# Total Worship

100% Whole Life

Walking  
Before God ...

... with Humility

... with Love

... in Faith

Winter Retreat  
January 21 - 23, 2011

Our worship of the Lord is so much more than the music we sing & play ... it is a whole life experience. Romans 12:1 & 2 calls for us to surrender our entire life (“offer our bodies as living sacrifices”) — *TOTAL WORSHIP: 100% Whole Life.*

One author wrote that his practice of worship is walking before God simply, in faith, with humility, and with love. Our life of worship doesn't need to be complicated. However, the Apostle Paul encourages us to do everything “in the name of the Lord Jesus.” (Colossians. 3:17)

This is a weekend to explore what it means to worship our Lord ... in faith, with humility, and with love.

Come deepen your love relationship with Jesus with us.

Please leave your cell phones & electronics at home ... part of the retreat experience is leaving distractions at home. If your parents need to reach you they can call Camp Hickory Hill at 585-535-7832 or call your youth leader directly if that number has been made available.

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The retreat will be held at Camp Hickory Hill, 2970 Kohler Road, Varysburg, NY 14167. Registration will be Friday, 8—9 PM. Groups will be given cabin assignments upon checking in. Be sure to complete the enclosed permission form ... making a note of any cabin requests & your t-shirt size.

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Feel free to bring money for the snacks that will be available at a reasonable cost throughout the weekend. The income from the snacks goes to offset the total cost of the retreat.



# Medical Release & Permission Form

## Total Worship Winter Retreat, January 21—23, 2011

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, hereinafter, "my child",  
Name of parent or guardian Name of minor  
who was born on \_\_\_\_\_. My child has my permission to attend the *Total Worship Winter Retreat* with churches from the Western New York District of the Wesleyan Church under proper supervision from Pastors from those churches and approved adult leadership of the churches (which may include other pastors, staff, leadership and appropriately screened adult volunteers).  
I hereby authorize the Pastors and all other approved adult leadership of the churches who are 18 years of age or older, who supervise the activities at this event into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. This permission is granted without the necessity to contact me first.

I further authorize the Pastors and all other approved adult leadership of the churches who are 18 years of age or older, who supervise the activities at this event to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Pastors and all other approved adult leadership of the churches who are 18 years of age or older who supervise the activities at this event.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

I also understand that there are inherent risks involved in any ministry event and hereby release the churches, the Pastors, and approved adult leadership of the churches from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

Dated \_\_\_\_\_, \_\_\_\_\_  
Signature of parent or legal guardian

### Additional emergency information

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Medical / health insurance company \_\_\_\_\_ Insurance policy no. \_\_\_\_\_ Group number \_\_\_\_\_

Alternate emergency contact (when parents cannot be reached) \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies / allergic reaction of my child \_\_\_\_\_

Medicine being taken by my child \_\_\_\_\_

Other information regarding my child's health that a doctor should know \_\_\_\_\_

### Additional ministry information

You may request one person for your cabin: \_\_\_\_\_ TShirt Size: S M L XL XXL

Please check this box if you consent to our ministry using your child's image in the promotion of ministry events.