

Winter Whiteout!



Jr/Sr High RETREAT (Grades 7-12)

Fri Jan 3 (4:00-5:00 PM Registration)
To Sun Jan 5 (2:00 PM)

- | | |
|------------------|-----------|
| Crazy Games | Pizza |
| Worship Together | Tubing |
| Winter Fun | Broomball |
| Bible Study | Campfire |



"Do Something!" Matt Boyd, Pastor of Discipleship and Equipping at Grace Bible Chapel in Grand Rapids, will show you what it means to impact others' lives as an active and productive disciple of Jesus. It's gonna be great - you know you want to be here!



Meet up with your friends! Do fun stuff! Freeze out boredom! Eat great food! Worship God and learn to know Him better! **SIGN UP NOW!** Register and pay **ON-LINE** or fill out the Registration Slip/Camper Health Information sheet and mail it in! Go to www.miraclebible.com for more information.

Miracle Bible Camp
P.O. Box 450
Longville, MN 56655
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Doug - (218) 682-2714 or
Dan - (218) 929-1060
www.miraclebible.com



2020 WINTER WHITEOUT! REGISTRATION

Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Grade: _____

Email: _____ Church: _____

Roommate Request (just 1 please!): _____

Let Us Know Your Plans:

Retreat Fee \$75 Special Dietary Needs: _____

CAMPER HEALTH INFORMATION

FAMILY DR: _____

HEALTH INS. CO.: _____ POLICY #: _____

Parent's health insurance must pay for illness that is treated while the child is at MBC. Our camp carries limited accident insurance which pays for the cost of treating an accident if the parent's insurance does not and the church sponsoring your retreat does not.

HEALTH HISTORY:

- | | | | | |
|---|--|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Bowel Problem | <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Strep Throat | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Respiratory Prob | <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Problem | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Special Diet |
| <input type="checkbox"/> Other: _____ | | | | |

ALLERGIES: _____

MEDICATIONS: _____

Note: Medications must be labeled and in original container. Meds will be turned in to the camp nurse.

I HEREBY:

- Affirm there is no need for a doctor's examination prior to camp based on current health or that such an exam will be obtained with recommendations supplied to camp staff.
- Authorize camp staff to give medications based on the above instructions.
- Authorize qualified camp personnel to give emergency medical care and determine the need for a physician's service.
- Release Miracle Bible Camp, its staff and volunteer workers from any liability or claims which may arise related to my child's participation in programs at Miracle Bible Camp.

Note: Your signed registration provides Miracle Bible Camp the authorization to use photos and videos of your child for promotional purposes.



Parent/Guardian (if under 18) Date