

# WINTER BLAST 2018

Attention Youth Pastors/Directors/Leaders/Volunteers:

- Exciting Program?
- Powerful Speaker?
- Inspiring Worship?
- Fun Activities?
- Delicious Food?



We've got everything necessary for a great Winter youth retreat except you and your youth group! Don't miss out on a chance to get away and help your youth group to connect with God and with each other this winter. Let us take care of the details so you can focus on what's important—your students.

Space is limited, so call (814) 922-3834 or e-mail [judson@campjudson.com](mailto:judson@campjudson.com) to reserve space for the approximate number you expect to bring on the weekend of your choice.

Winter Blast #1—January 26-28

Speaker—Jen Heinrich

Worship Leader—TBD

Winter Blast #3—February 9-11

Speaker—Mark Bartlett

Worship Leader—Mark Bartlett

Winter Blast #2—February 2-4

Speaker—Geran Lorraine

Worship Leader—TBD

**Students/\$95—Youth Leaders/\$55**

*\*A reproducible medical/photo release form is found on the reverse side and must be completed and returned for each person attending Winter Blast by the start of their weekend.*

Winter Blast is a Winter Youth Retreat for Youth Groups Offered by

Camp Judson

398 Holliday Road

North Springfield, PA 16430

(814) 922-3834

[www.campjudson.com](http://www.campjudson.com)

[judson@campjudson.com](mailto:judson@campjudson.com)



**Don't miss out! It's going to be a blast!**

Medical & Photo Release form must be signed by a parent/guardian and The Youth Covenant form must be completed by student attending: if this is not completed, they will not be able to stay at Winter Blast. Please mail these in advance. Make all checks for \$95 per student and \$55 per youth leader payable to Camp Judson. **Deadline for registration is one week prior to session start. Registration will begin at 7:00PM on Friday, pick-up is on Sunday at 1:00PM.**

**Must: (don't leave home without!)**

- Sleeping Bag/Pillow/Blanket
- Soap/Shampoo/Conditioner
- Toothpaste/Toothbrush
- Towels/Washcloth
- Jeans/Sweatshirt/Winter Jacket
- Snow Pants (optional)
- Hat/Gloves and/or Mittens
- Bible
- Pencil/Pen/Notepaper
- Extra Pair Sneakers/ Winter Boots
- Extra Socks
- Camera/Film (optional)
- Flashlight

**The camp store will be open so you may want to bring some money.**

**Please prepare for all types of weather.**

**Leave at home:**

Anything you could possibly lose, break, or feel bad if something happened to it!  
Example: Laptop, i-Pod, mp3 player, phone (no reception), expensive jewelry/clothing.

**Youth Info Form**

Please print neatly in black or blue ink

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SEX:** F / M  
**PHONE:** (\_\_\_\_\_) \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_  
**CHURCH:** \_\_\_\_\_  
**WEEKEND CHOICE:** \_\_\_\_\_  
**ANY FOOD ALLERGIES:** \_\_\_\_\_  
**ACTIVITY RESTRICTIONS:** \_\_\_\_\_

**Youth Covenant**

I agree to abide by the following:

- I will refrain from behavior which is disorderly or disruptive to other participants and behavior that is unsafe or destructive to Camp Judson facilities.
- I understand that participating in this retreat will require a Christian effort from me, especially adhering to "lights out," staying out of "off limits" areas, and not leaving the Camp Judson premises.
- I understand that the misuse of drugs, and the use or possession of any tobacco products, and/or alcoholic beverages are prohibited and will result in the immediate dismissal of the individual(s) involved.
- I agree to participate fully in the retreat activities.

\_\_\_\_\_  
**(Youth signature)**

**Medical & Photo Release Form**

Please attach a note pertaining to any special medical needs or required medication. If one-on-one care is required, please make arrangements for someone to accompany the youth. Contact the camp office in advance at (814) 922-3834, or email [judson@campjudson.com](mailto:judson@campjudson.com). Medical personnel will be on staff, but are not able to accompany campers 24/7.

In case of emergency, I understand that every effort will be made to contact parent or guardian of participant. In the event I cannot be reached, I hereby give my permission to the physician selected by the Camp Judson director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein. My child, \_\_\_\_\_, may attend this retreat. I understand that if my child is dismissed from camp, due to a violation of any camp rules, I must make arrangements at my own expense to have him/her removed from the camp within 4 hours of notification.

\_\_\_\_\_  
**(Parent/Guardian signature)**

Phone—day (\_\_\_\_\_) \_\_\_\_\_  
Phone—night (\_\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_  
Emergency contact (in the event parent is unavailable)  
Name: \_\_\_\_\_  
Relationship to camper: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

**I AGREE TO ALLOW PHOTOS OF MY CHILD TO BE USED IN PROMOTION FOR THIS & FUTURE EVENTS.**

\_\_\_\_\_  
**(Parent/Guardian signature)**