

# **“God, in the Morning”**

**His Mercies are FRESH and NEW Lamentations 3:23**

**Prairie View Christian Camp Singles Retreat 2010**

**Friday – Sunday, April 16<sup>th</sup> – 18<sup>th</sup>**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone (include area code)

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Church You Attend

\_\_\_\_\_  
Emergency Contact Name & Phone

Please mark which night(s) you will stay & which dorm you will stay in:

\_\_\_\_ Friday

\_\_\_\_ Saturday

\_\_\_\_ Men (Rock)

\_\_\_\_ Women (Brick)

Please mark which meals you plan to eat:

\_\_\_\_ Fri. Supper

\_\_\_\_ Sat. Breakfast

\_\_\_\_ Sat. Lunch

\_\_\_\_ Sat. Supper

\_\_\_\_ Sun. Breakfast

**Please check below for tower (rock climbing, rappelling, and zip line) or horse trail rides:**

**Tower: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Horse Trail Ride: Yes \_\_\_\_\_ No \_\_\_\_\_**

**We must know an approximate number of people interested in either or both in advance in order to have the facilitators on grounds. These activities will be available on Saturday afternoon only. The fee for each activity is \$5.00 to be paid at time of registration.**

Love offerings will be taken for the speaker and the camp. Please do not send in money for them with your registration.

**Please mark the registration fees amount enclosed: Make Check to Prairie View Christian Camp**

\_\_\_\_\_ \$20.00 Saturday Only /2 Meals included

\_\_\_\_\_ \$43.00 One night/3 Meals included (pre-paid & postmarked by 4/02/10)

\_\_\_\_\_ \$45.00 One night/3 Meals included (postmarked after 4/02/10)

\_\_\_\_\_ \$65.00 Full Weekend/5 Meals included (pre-paid & postmarked by 4/02/10)

\_\_\_\_\_ \$70.00 Full Weekend/5 Meals included (postmarked after 4/02/10)

**\*Registrations turned in at check-in require \$50.00 walk-on fee\***

**Mail form and registration fee to Prairie View Christian Camp, 10706 312th Rd., Arkansas City, KS 67005**

**REFUNDS: 75% 2 weeks prior to retreat, 50% 1 week prior to camp and 0% the day of retreat**

\*\*\*\*\*PLEASE COMPLETE THE OTHER SIDE\*\*\*\*\*

Camp Office Use Only: Amt. Pd. \_\_\_\_\_ Ck. # \_\_\_\_\_ Postmark Date \_\_\_\_\_ Bal. Due \_\_\_\_\_

# Prairie View Christian Camp Activities Release Form

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Name \_\_\_\_\_

Date \_\_\_\_\_

## Health Related Information:

If you check "Yes," please explain (use an attached sheet if necessary).

1. Have you had or do you currently have a heart problem?  Yes  No
2. Do you frequently suffer from pains in your chest?  Yes  No
3. Has a doctor ever told you that you have high blood pressure?  Yes  No
4. Do you often feel faint or have spells of severe dizziness?  Yes  No

\*\* (If you have had any heart related problems, you will need to have a release from a physician in order to go on or use the rappelling tower.)

5. Have you had any operations or serious injuries?  Yes  No
6. Do you have arthritis, joint, or back problems?  Yes  No
7. Do you have Epilepsy?  Yes  No
8. Do you have Diabetes?  Yes  No
9. Do you have any prescribed meal plan or dietary restrictions?  Yes  No
10. Are there any activities to be limited/discouraged by physician's advice?  Yes  No
11. Are you allergic to any medications, insects, or pollen?  Yes  No
12. Do you have any disabilities or chronic recurring illness?  Yes  No
13. Are you currently taking any medications?  Yes  No

I, \_\_\_\_\_, am aware that during participation in activities at PVCC, certain risks and dangers may occur. These include, but may not be limited to, the hazards of being in a rural area, the forces of nature, and other reasons because of the content of some of the activities offered. I am also aware that filing this form does not guarantee that my minor camper or I will be allowed to participate in all of the offered activities. In consideration of these activities and a special environment, I do hereby assume all risks and will hold PVCC and its staff and volunteers harmless from any and all liability, actions, cause of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with my minor camper's or my participation in any activities arranged for me by PVCC. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for my heirs, executors, and administrators and for all members of my family. In case of accident or illness, PVCC will attempt to provide first aid and arrange transportation to medical services if needed. Cost of medical care beyond first aid is the financial responsibility of the ill or injured person. I assume full responsibility for my minor camper's or my health being such that the activities will in no way aggravate any conditions present. I declare the statements on this form to be true. I also agree that my minor camper or I will follow the camp rules at Prairie View Christian Camp; that I may be requested to take my minor camper home or to leave camp for violation of camp rules; and I authorize Prairie View Christian Camp to seek necessary emergency treatment for myself or my minor camper.

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Signature \_\_\_\_\_

Date \_\_\_\_\_