



**Cost Per  
Person**



# **ELEVATION WINTER RETREAT**

**Jan 31 - Feb 2, 2025**

# ***Elevation Student Registration: 2025***

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APT/UNIT#: \_\_\_\_\_

CITY/PROV: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

(MM/DD/YYYY)

AGE: \_\_\_\_\_

GRADE: 6 7 8 9 10 11 12 (circle)

GENDER: \_\_\_ M \_\_\_ F

EMAIL: \_\_\_\_\_

CHURCH: \_\_\_\_\_

WHAT GRADE ARE YOU IN?

\_\_\_ JR. HIGH: 6 - 8    \_\_\_ HIGH SCHOOL: 9 - 12    \_\_\_ ADULT VOLUNTEER

I HAVE THE FOLLOWING MEDICAL CONDITIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I TAKE THE FOLLOWING MEDICATIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I HAVE THE FOLLOWING FOOD ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Elevation -25

One of the most anticipated and exciting weekends of the winter 2025! A weekend of awesome experiences like Tobogganing, Dodgeball, Volleyball, Snow-Football, and more! This is your year and your time! If you're looking for a weekend of adventure and to get connected with other students then this is the place to do it! Even more awesome is the chance to get away with friends, hang out, make some incredible memories, laugh and be challenged on how you can have a real and growing relationship with Jesus Christ! Not only that but there'll be other students just like you discovering how incredible God is too!

## HOW DO I REGISTER?

All you need to do is fill out and return the attached registration form with the authorizations all signed as soon as possible to your youth leader or church.

## DEPOSIT: \$25

Guarantees your space at Elevation-25 and is non-refundable.

The balance is due on or before Sunday, January 19, 2024

***Cancellations made after Sunday, January 19, 2025 will be required to pay the full registration amount.***

Make cheques payable to your church.

## TIME:

Please be at your church to check in and register. Your Youth Leader will advise you of the time for check in. All churches will be meeting at the Ontario Camp for the Deaf by 8pm on Friday, January 31st.

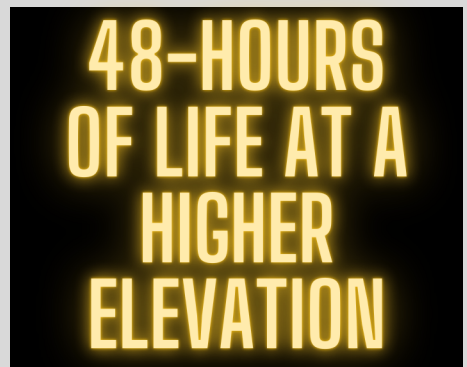
## WHAT TO BRING:

Energy & Enthusiasm, Bible, Notebook, Warm Casual Clothes, Toiletries & Towel, Snow Boots & Indoor Shoes/Slippers, Snowboards, Toboggans, Sleeping Bag & Pillow, mitts/gloves and dress up items for our themed dinner, "I'm A Fan".

## WHAT NOT TO BRING:

This is one of those weekends where we really want to try and "get away from it all", so we kindly ask that you not bring any of the following: any media players, mobile phones, internet TV device, mobile communication trucks! Cigarettes/vaping, cannabis, alcohol, fireworks of any kind, unwashed clothes from your closet!!!

*\*only young people in grades 6-12 may attend Elevation Retreat.*



# Parent/Guardian Permission form: 2025

STUDENT NAME: \_\_\_\_\_

HEALTH CARD #: \_\_\_\_\_

EMERGENCY MEDICAL AUTHORIZATION: I/We the undersigned understand that my child will have the opportunity to participate in various camping activities and in the event of a medical emergency I/We authorize the administration of any first aid treatment necessary while part of camp, give permission to the Physician selected by the Youth Leader to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. I understand that every effort will be made to contact parents or guardians before such action is taken.

\_\_\_\_\_  
Signature of Parent/Guardian (if student is under 18)

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Emergency Contact Phone Number

STUDENT CONDUCT AGREEMENT: I agree that it is a privilege to attend Elevation and to honour that I will abide by the guidelines set by the leadership at camp concerning behaviour, curfew and participation in activities. I understand that Ontario Camp of the Deaf is a NO SMOKING facility and I agree that I will not bring cigarettes, alcohol, non-prescription drugs or anything else on the "DO NOT BRING" list to camp. I further acknowledge that I may only enter the living quarters for which I am assigned. I realize that my failure to be co-operative in these and other areas could result in my being sent home at my expense. I understand that the cost to repair any damage to the facilities that I am responsible for will be paid for by the parties involved.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature (if student is under 18)



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