



# The Story

The Presbytery of Saint Augustine's  
Middle School Retreat

October 9-11, 2009

Cost: \$90/youth & \$40/adult

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Presbytery of Saint Augustine's  
Middle School Retreat

Registration  
Deadline:  
Monday, September 28

Dive into the greatest story ever told,  
and find your story in the pages of God's story.

When:

October 9-11, 2009

8:00PM Friday-11:00AM Sunday

Cost:

Youth: \$90 & Adults: \$40 (includes T-shirt)

Retreat Leadership:

Pastors and youth leaders from the Presbytery

What to Bring:

Sleeping bag/sheets & pillow

Casual clothing

Towel

Toiletries

Bible

Your favorite book

Snacks to share

*Leaders:*

Each group must bring one adult (over 21) for every six youth. There must be a male adult if you bring male youth, and a female adult if you bring female youth. Adults will stay in cabins with youth and will participate in the retreat.

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## Registration Form

Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Church: \_\_\_\_\_ Grade: \_\_\_\_\_  
Group Leader: \_\_\_\_\_  
Email: \_\_\_\_\_  
Special Diet Needs: \_\_\_\_\_

## Medical Information & Liability Release

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Name(s): \_\_\_\_\_  
Parent/Guardian Phone(s): \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_  
Current Medication(s): \_\_\_\_\_

In signing this form, I hereby release, forever discharge, and agree to hold harmless The Presbytery of Saint Augustine and Montgomery Presbyterian Center and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the retreat participant, intentionally or unintentionally.

I grant my permission for my child to participate fully in retreat activities, and give my permission to take my child to a doctor or hospital and hereby authorize medical treatment, including but not limited to X-ray, injection, anesthesia, or emergency surgery, and assume the responsibility of all medical bills, if any.

Furthermore, should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I assume all transportation costs.

Print Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

*Please turn in your completed form and payment to your group leader.  
Make checks payable to Montgomery Presbyterian Center.*

**Leaders:** Email [info@montgomerycenter.org](mailto:info@montgomerycenter.org) or fax 352-473-4723 by Sep. 28  
with a list of names, genders, and dietary needs of attending youth and adults.  
Bring forms and payment to camp Oct. 9!