

“Welcome Home”

Luke 15:11-32 “Story of the Prodigal Son”



Office Use Only

Pd. _____

Date _____

Bal. due _____

Date _____

Scholarship paid _____

November 13-15, 2009

West Tennessee Presbytery at Camp Clark Williamson

2009 College Age Fall Retreat (Ages 18-23)

Camp Application – Registration Form

Name _____ Age _____

Name of Parent and/or Legal Guardian: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone _____ Church attending/visiting: _____

Email Address: _____

(Please print email address CAREFULLY – CONFIRMATION Contact.)

Retreat registration from 6 - 6:30 p.m. on Friday evening (no evening meal served on Friday night) and retreats end at 1:00 p.m. on Sunday.

Co-Directors:

Eric Corbin 731-352-9478 Eric@corbinzone.com

Missy Rose 901-378-1133 missyrose3@yahoo.com

2009 Retreat Fee: \$57.00

Includes a T-shirt/Choose one: __ S __ M __ L __ XL __ XXL

Make checks payable to: West TN Presbytery

Deadline: RSVP by phone, email or Facebook by November 4, 2009.

Return Registration & Medical Forms to...

West TN Presbytery Camp Apply, Tammy Herrington

P.O. Box 118, Savannah, TN 38372

Or tj_herrington@bellsouth.net or 731-607-0684

Consent to Medical Treatment

This MUST be SIGNED. As a camper I, _____,
hereby consent to allow trained personnel to administer emergency medical treatment to
me in the event of an accident or injury. I understand that every attempt will be made to
notify my family in case of such an event.

Signed _____ Date _____

Signed _____ Date _____

Witness

AUTHORIZATION/HEALTH/RELEASE FORM

Camper's Full Name _____ **Birth Date** _____ **Sex** _____

Parent/Guardian Signature (if insurance is in parent/guardian's name) _____

Signature of Insurer (if not parent/guardian) _____

Emergency Contact _____ **Phone** _____

Family Doctor _____ **Phone** _____

Insurance Policy # & Group Name _____ **Any Medical Conditions:** _____

List Medications (Must be in original containers.) _____

Allergies _____ **Other Medical Info** _____

Retreat Covenant for Camper

During the weekend at Camp Clark Williamson we will be doing our best to live together as a family in a Christian community. Family life is based on love, respect, trust, support, and spending time together. Each of us as a member of the family is important. To create and maintain this atmosphere of family and community we will agree to the following:

1. As campers who come here in Christian Fellowship, we will be considerate to one another and seek to create an atmosphere of Christian love and concern.
2. As campers at CCW we will follow the camp rules, including the rules against possession and use of alcoholic beverages and smoking materials of any kind.
3. In keeping with the spirit of a Christian camp, we will not bring any radios, tape players, or other electronic devices for "diversion" but will allow this to be a retreat from the world in which we live, a time to rejuvenate ourselves.
4. I will not leave the campgrounds during the weekend. Should some special emergency arise, I will speak to the director about the situation and abide by their decisions.

I RECOGNIZE THAT I AM JOINING A CHRISTIAN COMMUNITY; I AGREE TO ABIDE BY THIS COVENANT DURING THIS RETREAT WEEKEND. I UNDERSTAND THAT IF I BREAK THIS COVENANT, I MAY BE ASKED TO LEAVE AT MY EXPENSE, AND THAT MY CHURCH WILL BE NOTIFIED.

Signed _____