

**Heartland COGOP Winter Retreat**  
**January 2-4, 2015**  
**Ages 13 and up**

**Need a winter getaway? How about a spiritual renewal? Perhaps you  
need some time to grow your relationship with God.  
Come to winter retreat!!**

Same location as the KS/MO Sr. Camp grounds, Camp Cross Pointe.  
Cost is \$70 for Friday night, all day Saturday, and Sunday morning.  
Registration begins at 4:00pm Friday in the basement of the gymnasium (drive to the  
back of the building, near the pool). Dinner will be at 5:00pm.

**FIRST!!**

**If you are planning to attend, please contact  
Mykala Shaver by either calling, texting or emailing. THANKS!  
660-441-5869  
mykala.shaver@heartlandcogop.org**

**Fill out this application and bring it, along with your \$70 payment, with you to  
registration.**

**Checks can be made payable to Church of God of Prophecy.**

Name: \_\_\_\_\_ Male [  ] Female [  ] Age \_\_\_\_\_  
Address: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_  
City/State/Zip: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_  
Relationship to retreator: \_\_\_\_\_  
Phone number: \_\_\_\_\_

Church attending: \_\_\_\_\_  
Pastor: \_\_\_\_\_  
City/State: \_\_\_\_\_

**Retreat location: Cross Pointe Camp and Retreat Center** is located on the Lake of the Ozarks at the 6 mile marker. The campground is at the end of Y Highway off of 5 Highway out of Eldon, Missouri. Please use the following address in your GPS or [www.mapquest.com](http://www.mapquest.com): 31434 Main Street, Rocky Mount, MO. Follow the signs to Cross Pointe. If you drive into the lake, you've gone too far.

**MEDICAL INFORMATION**—Please print clearly.

Indicate with a check mark (✓) any of the following medical conditions that apply.

*Please provide the date of the most recent occurrence when applicable.*

- |  |  |
|--|--|
| <input type="checkbox"/> ADD/ADHD            | <input type="checkbox"/> Sleepwalking              |
| <input type="checkbox"/> Asthma              | <u>Serious allergic reactions to:</u>              |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Anesthesia                |
| <input type="checkbox"/> Heart trouble       | <input type="checkbox"/> Food                      |
| <input type="checkbox"/> Kidney trouble      | <input type="checkbox"/> Hay fever                 |
| <input type="checkbox"/> Recent operations   | <input type="checkbox"/> Insect bite               |
| <input type="checkbox"/> Seizures            | <input type="checkbox"/> Medication                |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Poison ivy, oak, or sumac |

**INSURANCE INFORMATION**

Policy holder's name: \_\_\_\_\_  
 Insurance company: \_\_\_\_\_  
 Policy number: \_\_\_\_\_  
 Group/ID number: \_\_\_\_\_  
 Billing address: \_\_\_\_\_  
 \_\_\_\_\_ I do not have medical insurance.

If you checked any of the above, please explain.

Please list other medical concerns \_\_\_\_\_

→Family doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

**MEDICAL EMERGENCY:** I understand that reasonable effort will be made by the retreat staff to contact me, the parent/guardian, in case of an emergency. If I cannot be reached at the time of the emergency, I hereby give permission to the director, medical attendant, or designee thereof to secure proper medical treatment including, but not limited to, pre-hospital care and transport, hospitalization, ordering injections and/or anesthesia, surgery for the retreat attendee and all treatment directed by proper medical professionals. I understand that I am responsible for all medical charges incurred, and I will reimburse the Heartland Church of God of Prophecy for any charges paid.

I have read and understand the information on this application and give my child permission to travel across state lines (if applicable) to attend retreat and to travel with retreat staff during the period of the retreat. I will not hold the Heartland Church of God of Prophecy liable for any injury that might occur during the retreat or in the transport to or from the retreat.

I also grant permission to the retreat medical attendant to administer over-the-counter medications such as Tylenol, Pepto Bismol, and sinus/allergy medications to my child as needed.

\_\_\_\_\_ Check here if you DO NOT want the retreat medical staff to administer over-the-counter medication to your child.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**IMPORTANT: Signature of parent or legal guardian is required for children under 18 years of age.**

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There will be a snack shack, so bring money, if desired. You'll also want to pack bed linens, bathroom linens, personal hygiene supplies, and clothes for activities and church. Most importantly, bring your Bible, some note-taking materials, and a great attitude. Can't wait to worship with you!

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RETREAT USE ONLY

Tuition paid: cash \_\_\_\_\_ check \_\_\_\_\_

Check # \_\_\_\_\_