

YOUTH PERMISSION FORM

Event: High School Retreat (for all current 9-12 graders)
Location: Blue Mountain United Methodist Camp
1020 Madison 9570
Fredericktown, MO 63645
www.bluemountaincamp.org
Dates: September 18 – 20, 2009. Depart Living Word at 6:30 p.m. Friday and return around 2:00 p.m. Sunday
Cost: \$75 - Includes lodging, food, transportation, speaker/musician, and A Hoodie!
Transportation: Church Bus/arrangements may be made for parent drivers
RSVP: **Monday, September 14th**

More Info: We are heading out for an awesome weekend to get away and connect with God. Leading us in worship times will be local musician Clayton Jones. Clayton has built a following playing at churches and coffee houses in West County, and is attending Greenville College in pursuit of a career in music. Our speaker for the weekend will be Pastor Harry Walls. Harry is the pastor of Christian Fellowship Baptist Church in St. Louis and has been a guest preacher at Living Word. Harry brings an enthusiasm that will spread to our students. Our theme is **"Prodigal"**. We will be looking at the three characters in Jesus' story and how we can identify with the younger son who ran away, the older son who stayed home, and the Father who loves and forgives. Blue Mountain is a beautiful campus with canoes, swimming, sports, and campfire sites. Our lodging will be very comfortable - warm showers and all, don't worry!

All off campus activities require an updated Health Permission form. Health forms can be found at www.lwyouth.org.

If you have any questions, please call Adam Mustoe at 636-821-2800.

Please return this portion and your payment to Adam Mustoe/Cindy Brown on or before Monday, September 14.

My son/daughter _____ has my permission to participate in the Living
(please print)
Word **High School Retreat, September 18-20.**

I understand that all reasonable safety precautions will be taken at all times by the church during the events and activities, as per our Good Shepherd policy. I agree not to hold the church leaders, employees, and volunteer staff liable for damages, losses, illness, or injuries incurred.

Parent Signature: _____ Date: _____

Email: _____

Print parent name please: _____ Hoodie size _____

Emergency contact number: _____ cell