



Elmhurst Christian Reformed Church  
 155 W. Brush Hill Rd., Elmhurst, IL 60126  
 We exist to do the things Christ is passionate about, be with Christ  
 and others, and know the Word of God.  
 ron.huisman@elmhurstcrc.org or diane.vandrunen@elmhurstcrc.org

# winterXtreme 2012

## What to Bring

Bible, winter clothes, sleeping bag, pillow, toiletries, extra cash for dinner on the way there, friends, flashlight, and camera.

## What not to Bring

Illegal stuff and potentially harmful things

### Friday the 25th

4:30 Meet at ECRC  
 5:00 Leave ECRC  
 6:00 Stop for Dinner  
 7:30 Arrive at camp  
 8-10 Activities  
 10-11:30 Session 1  
 12:00 Lights out

### Saturday the 26th

8:15 Breakfast  
 9-11 Activities and broom ball  
 11:15-12:45 Session 2  
 12:45-1:30 Lunch  
 1:30-5:15 Activities  
 5:15-6:15 Dinner  
 6:15-7 Activities  
 7:15-9 Session 3  
 9:30-12:30 Late Night Options

### Sunday the 27th

8:15 Breakfast  
 9-10:30 Session 4  
 11 lunch  
 12 Head home  
**2pm Return to ECRC**

## Where

Camp Timber-lee

## Cost

**\$140 Registration Fee.** Includes housing, meals and activities while at the camp

**Scholarships available:** Contact Ron or Diane for more information  
 ron.huisman@elmhurstcrc.org or  
 diane.vandrunen@elmhurstcrc.org

Questions? Ron at (630)600-5045 or Diane at (630)600-5046

## Permission Slip

Please register on our website  
 (www.elmhurstcrc.org/students), return this portion and the  
 registration fees to the church

**Due no earlier than December 5th, 2011 and no later than January 4, 2012**

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ M or F

Address \_\_\_\_\_

Phone \_\_\_\_\_

Medications or allergies \_\_\_\_\_

## Emergency Contact Information

Name of contact \_\_\_\_\_ Relationship to student \_\_\_\_\_ Emergency Phone \_\_\_\_\_

## Medical Release Authorization

I \_\_\_\_\_ authorize Elmhurst Christian Reformed Church use their best judgment in the hiring of necessary health-care professionals, and I give my permission to the health-care professional to provide the medical services as he or she may deem necessary. I will pay for any medical expenses so incurred. I also give my permission for the church's children and/or youth leaders to restrict my child from participation in any activity that may be harmful to my child.

I also represent that my child is physically fit and has the necessary skills to safely participate in these activities and therefore give my permission to the church to allow my student to participate in the activities allowed by the church/camp. I also understand and give consent for my child to travel to from these events in transportation provided by volunteer drivers. I claim full responsibility for all damages to person or property my child may intentionally or unintentionally inflict while on this retreat.

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

## Student Conduct Contract

I, \_\_\_\_\_, understand that there is to be no drinking, smoking, drug use, sexual activity, or damaging behavior while on this retreat. I understand and agree to follow the instructions of all adult leaders on this trip and agree to obey all rules, written or verbal. I understand that the breaking of these rules will result in my expulsion from this retreat at my parent's expense.

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

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_