



## 2010 All-Florida Teen Retreat

(Sponsored by: Orlando Church of Christ)

Join Teens from around the state of Florida for this great weekend! You will spend an action packed weekend of 'Fun', 'Classes', 'Food', and 'Fellowship' with many of the friends you made at the 2009 Florida Teen Camp. Your lodging will be in the homes of Host Family in Orlando. This retreat is Friday, February 19—Sunday, February 21, 2010, for current 9th—12th Graders. The cost for this event is only \$10.00 per person.

To register, print and complete the registration form. Get it notarized. Mail registration form along with registration fee to Orlando Church of Christ, All-Florida Teen Retreat, 214 N. Goldenrod Road, #11, Orlando, Florida 32807. The deadline to register is Friday, February 12, 2010.

Once your registration is received, you will receive an email confirmation along with your host family name and itinerary for the weekend.

If you have any questions, contact Matt or Michelle Taylor at [otm.taylors@gmail.com](mailto:otm.taylors@gmail.com) or (407)704-0002.

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## Registration Form

Teen's Name: \_\_\_\_\_

Teen's Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Church: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Does your Teen need housing arranged: Yes/No

(Circle one)

If no, please indicate host family name: \_\_\_\_\_

If yes, you will be notified of your host family by email.

### Waiver Form (Must be filled out by parent or guardian.)

To Whom It May Concern:

I, \_\_\_\_\_, do hereby give my permission for my child \_\_\_\_\_, to attend and participate in all activities for the All-Florida Teen Retreat, sponsored by Orlando Church of Christ, to be held in Orlando, FL. In consideration of my son/daughter being allowed to participate in the retreat, I agree to release and hold harmless Orlando Church of Christ, its employees and contractors, retreat employees and volunteers, and all individuals associated with the program, from any and all liability (direct or indirect), for any injury or harm of any kind to my child as a result of my child participating in retreat activities or which might be incurred while my child is in transit to or from the specific activities.

I, \_\_\_\_\_, also give my permission to the medical caretaker or retreat director, to seek any necessary medical attention for my son/daughter, \_\_\_\_\_, during the time frame of February 19 - 21, 2010, at the All-Florida Teen Retreat held in Orlando, FL. This notification will also include the right to sign for, but not limited to, an emergency service transport, hospitalization, emergency services or surgery. I further agree to be responsible for the cost of such treatment including but not limited to costs associated with transportation to the treatment facility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2010 by \_\_\_\_\_,

who is personally known to me/produced \_\_\_\_\_ form of identification.

Notary Signature \_\_\_\_\_ SEAL \_\_\_\_\_ Date \_\_\_\_\_