



DETAILS

WHEN February 22-24
Leave Oak Pointe Milford: 4:00PM Friday
Return to Oak Pointe Milford: 4:30PM Sunday

WHERE Timber Wolf Lake Camp,
Lake City, MI (231) 839-7552

COST \$140 through 1/31 : \$180 through 2/14

DEADLINE February 14th

PACKING LIST

BRING

Bible, pen, toiletries, flashlight, water bottle, blanket, warm clothes, winter outerwear, boots, dirty cloths bag, money for meals on the way to/from camp & for snacks. *Timber Wolf provides bedding and a shower towel.

DO NOT BRING

Bedding or a towel, electronics, leggings can only be worn with longer shirt.

REGISTRATION

TO REGISTER ONLINE (YOU WILL STILL NEED TO TURN IN PAPER MEDICAL FORM & WAIVER)
Visit opcMilford.org/therock/ to register & pay online. Fill out and turn in the Medical Form & Timber Wolf Consent Form before the registration deadline, February 14th.

TO REGISTER BY PAPER

Register by filling out the printed packet (includes Registration/medical Form & Timber Wolf Consent Form). Pay with cash or check (make checks payable to Oak Pointe Church, memo: Winter Blast). Turn completed packets in to the mailbox in the youth room.

SCHOLARSHIPS ARE AVAILABLE

Scholarship applications include all registration forms. The scholarship deadline is January 31st, 2018.

QUESTIONS? CONTACT KRISTIN:

Email: Kristin@opcMilford.org | Phone: (248) 670-0161

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE



PARENT VOLUNTEER OPPORTUNITY

WHAT IS KITCHEN CREW? To keep costs down, we bring up a volunteer team of 30 people to work in the kitchen preparing meals for our staff and students. We would love to have your help this year! We love bringing parents up on our Kitchen Crew, so they get first priority. High school students are also welcome to apply and need to fill out a form. Our sign up deadline is January 31st

COST: Volunteers attend the retreat free of charge!

RESPONSIBILITIES: You will attend a two-hour orientation with the Timber Wolf staff on Friday night from 9-11PM. They will explain the duties and divide responsibilities. In general, Work Crew members will serve as wait staff, assistant cooks, and/or dishwashers. Camp staff says to expect to work 3.5 hours per meal. In your free time, you may hang out in your cabin or around camp.

TRANSPORTATION: Volunteers must drive themselves to Winter Blast. We will send out an email thread to coordinate rides. Please be there by 8:30 PM Friday night and plan to stay until dismissal by Timber Wolf Staff on Sunday (usually around noon).

LODGING: Many kitchen crew volunteers will stay in the Bunkhouse in a queen bed room or a room with two twins. These rooms share an adjoining bathroom. The bunkhouse also has a common living room and a kitchenette. There are also cabins with traditional bunk rooms and a common area.

TO SIGN UP OR ASK QUESTIONS, CONTACT KRISTIN:

Email: Kristin@opc MILFORD.ORG | (248) 670-0161

WINTER BLAST 2019 REGISTRATION & MEDICAL FORM

STUDENT REGISTRATION INFORMATION:

Name: _____ Male or Female

Address: _____ City _____ Zip _____

School: _____ Grade: 6 7 8

Email Address: _____

Life Group Leader(s): _____

Adult T-Shirt Size: S M L XL XXL

PARENT/EMERGENCY CONTACT INFORMATION:

Name: _____

Name: _____

Relation to student: _____

Relation to student: _____

Primary #: _____

Primary #: _____

Secondary #: _____

Secondary #: _____

MEDICAL INFORMATION:

Insurance Company: _____ Policy # _____

Under the Name of: _____ Relationship: _____

Allergies: _____

Medications Presently Taking: _____

Any physical, mental or dietary conditions we should know about? (Use separate paper if needed)

OPC staff may give my student over the counter medications for minor ailments: Y or N

In case of medical emergency or general medical care, I give consent for medical treatment for my child named above by authorized personnel. I certify the above child has my permission to attend camp with the Oak Pointe Church Middle School Ministry. I will not hold Oak Pointe Church or Timber Wolf Lake Camp responsible for any injuries my child encounters during the weekend. I understand that my child will ride in rented vehicles and that Oak Pointe Church Middle School Staff will do all they can to ensure a safe and fun activity.

Signature of Parent/Guardian _____

Date _____

PLEASE TURN OVER



TIMBER WOLF LAKE



WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

I wish to participate in recreational activities to be made available to participants at Timber Wolf Lake including such activities as the tubing hill, ice rink, climbing wall and/or other activities that may be hazardous or otherwise involve a risk of physical injury or death to the participants (the "Activities").

I expressly assume any and all risks of injury or death arising from or relating to the Activities and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Young Life, its corporate affiliates, contractors, vendors, officer, agents, sponsors, volunteers or representatives of any kind (collectively "Releasees") arising from or relating in any way to my voluntary participation in these activities. I understand that this Waiver, Release and Indemnification agreement means, among other things, that if I am injured or die as a result of my participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releasees or any of them for damages relating to or caused by my injuries or death.

I agree to indemnify Releasees or any of them, and their subrogees, if any, in the event of any loss, damage or claim arising from or relating in any way to my participation in any of the Activities.

I also hereby grant permission to Young Life the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of myself, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Young Life.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning its meaning and execute it freely, without duress, and in full complete understanding of its legal effect, and of the fact that it may affect my legal rights.

FOR PARTICIPANTS UNDER THE AGE OF 18

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent on behalf of the Participant to its terms.

Date: _____ Signature: _____

Print Parent Name: _____

Area office retains original.