



SPRING RETREAT

MARCH 23-24



WHAT: Fuel Spring Retreat

WHEN: March 23-24, 2012

We will meet at the Church at 5:00pm, Friday March 23rd and return on Saturday, March 24th at 8:00pm

WHERE: Chaparral Retreat Center

Chaparral Office
3784 Church Camp Rd.
Iowa Park, Texas 76367

Office Phone: 940-855-4182

WHO: For Students in Grades 7th - 12th

Speaker: Ryan Dalgliesh

Ryan is dedicated to preaching the word of God and making Jesus Christ known at any venue. In 2001 God moved the Board of Directors of his parent ministry, Higher Rock, to have Ryan begin traveling and preaching as a full-time job. Ryan averages 45 events a year and over 120 sermons. His focus on God's Word and challenging messages will help your students develop a foundation to build on for the rest of the year. Ryan is also our Intensity Camp Pastor. To fully explore Ryan's beliefs and his ministry visit his website www.higherrock.org.

Worship: Aaron Wagner & Jared Wood

Aaron & Jared are Christian artists and worship leaders who's pop-rock, edgy sounds blend with honest and challenging lyrics to bring an experience that is anything but ordinary! Talented and humble men who truly care about God, people, and good music. Their greatest passion for their lives and art is that it would honor Christ in every way and resonate true hope in the hearts of a broken and confused generation.

HOW MUCH: \$70 per person

(Scholarships are available upon request and approval of ministry team)

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Name: _____ Age: _____ Gender: M F

Grade: (Please Circle)

7th 8th 9th 10th 11th 12th

Phone: _____

T-Shirt Size: (Please Circle)

YL AS AM AL AXL AXXL AXXXL

Please Return this portion with the full payment of \$70 and the medical release form attached to the church office or to the youth staff. Deadline for registration is March 4th.

For Questions Contact:
Jeff Carr or Linka Wallace at 817-599-8612
or linka@nbcweatherford.com

**MEDICAL PERMISSION SLIP FOR
NORTH SIDE BAPTIST CHURCH ACTIVITIES**

Name _____ Home # _____

Mailing Address _____

Student's Cell # _____ Parent's Cell # _____

In case of emergency contact:

Name _____ Cell # _____

Name _____ Cell # _____

Date of last tetanus shot _____ Known allergies _____

Any illness or injury at the present time? _____ If so, please specify.

Presently taking any medications? _____ If so, please list and give dosing instructions:

Any limitations on physical exercise? _____ If so, please specify.

To be filled out by parents:

As the legal guardian/parent of _____,

I hereby give permission for him/her to accompany a group sponsored by the North Side Baptist Church to **any event** in **2012**.

By signing this, I acknowledge that:

In the event of illness or emergency involving my child, I grant my permission for staff or members of the North Side Baptist Church to administer or provide first aid treatment and to pay on my behalf any necessary medical expenses incurred in the treatment of my child. I will not hold the staff or members of North Side Baptist Church liable for any injury/illness that might occur to my child while he/she is participating in any church program. I understand that my child will be expected at all times to conduct himself/herself in a responsible and safe manner as directed by those members or staff who sponsors the church activity or program.

SIGNED (Parent or Guardian)

Date
