

Join us on our **FIRST TRIP TO.....**

CAROLINA POINT

Turn in your \$ and form by August 1st and get \$15 off!

Nov 8-10

\$134

Spots will go
FAST!



JOIN YOUR FRIENDS FOR THE BEST WEEKEND OF YOUR LIFE....

WHEN: Friday, November 8 -Sunday, November 10

WHERE: at Carolina Point, a BRAND NEW Young Life property in Brevard, NC

WHO: Over 100 high school students from Buncombe County and 300 total from across North Carolina AND your YL Leaders!

HOW MUCH? \$134 (non-refundable) camp fee includes transportation, insurance, lodging, meals at camp, t-shirt and all activities at camp. We are committed to not let money be a reason to keep you from going with us, so please tell us if it is and we will work with you to make it happen!

TRAVEL AND TRANSPORTATION: We will meet on Friday, November 8th (Time TBA) in the Innsbruck Mall parking lot on Tunnel Road to take a bus ride to Carolina Point in Brevard. If you are a student-athlete/cheerleader, your Young Life leader will make late arrival arrangements.

HOW TO REGISTER: Complete this registration form below! Attach \$134 (cash or check made out to "Young Life" with your child's name and school in the memo line) & turn both into a Young Life leader or mail your money and form to the YL Office at:
199 A Elkwood Avenue Asheville, NC 28804

REGISTRATION FORM:

Name:

Address:

Phone:

Parent Email:

EMERGENCY CONTACT & PHONE #:

Gender:

T-Shirt Size:

Grade:

School:



Parental Consent for Medical Treatment

In the event that your child becomes ill or injured while attending Young Life's Windy Gap, we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary administered. Your signature verifies your child is in good health and capable of participating in strenuous activities. Your signature will also acknowledge your acceptance and understanding of Young Life's role in the medical treatment of your child. In the case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Young Life permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Young Life. I hereby grant Young Life the right to use, reproduce, distribute photographs, films, video tapes and sound recording of my child with compensation or approval rights.

PARENT SIGNATURE: _____ DATE: _____