



formerly known as SNO DAZE
SENIOR HIGH ARTIC BLAST
February 12-14th

What we do:

Camp Lebanon is located about 2 hours towards St. Cloud in Upsala, MN. We take a bus out to the camp, hang out with cool fabulous adults (1 for every 10 kids!), sleep in cabins, play broomball, snow tube, learn about what it means to be RUST FREE (bright and shiny in a world full of junk), eat really good food in the dining hall, play carpetball, ping pong, and other fun games, sing praise to Jesus with a great praise band, get a t-shirt (new this year) and then come home on a bus Sunday afternoon.

Who can come?

Students in 9th-12th grade (friends are totally welcome!!!)

Parents who like to play and are available Jan 22-24th....We NEED you! ☺

Info:

COST: \$100 before Jan 20th, \$115 after

(Registration deadline: 2.7.10)

Depart: WLC @ 4:30pm on Friday (PLEASE EAT DINNER BEFOREHAND!)

Return: WLC @ 2:30pm on Sunday

Bring: sleeping bag/pillow/sheets

winter coat/snow pants/gloves/boots/etc

toiletries (towel, shampoo, deodorant)

clothes...layers!!!

snack foods!

Cards, trivia games, sweet group activities!

Bible/Journal

Flashlight

NO: MP3 players or music devices, gaming devices, or illegal things!



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clothes...layers!!!

snack foods, cards, group games (mad libs, apples to apples, etc)

Bible/Journal

Flashlight—very helpful! ☺

NO: MP3 players or music devices, gaming devices, or illegal things!

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► **9th-12th Grade Student Registration** ◀

Friday, February 12th, 4:30 pm – Sunday, February 14th, 2:30 pm - Camp Lebanon, Upsala MN

Student Name _____ Male or Female Birthdate _____ Grade _____ tshirt size: _____

Address _____ City _____ State _____ Zip _____

Custodial Parent / Guardian: _____ Student Email: _____

Parent E-mail: _____

Home Phone# _____ Work Phone# _____ Cell Phone# (If Available): _____

Any known health conditions _____ Allergies _____ Date of most recent Tetanus shot _____

Health Plan Carrier _____ Name of Insured _____ Relationship to Participant _____

SS # or Policy # or Insurance ID Number: _____

Additional Emergency Contact Person _____ Phone # _____ Relationship to student _____

___ **I would like to attend as a chaperone : Name:** _____

WAIVER: I, the undersigned, am the parent, the parent having legal custody, or the legal guardian of _____, a minor, and have given my consent for him or her to attend **ARTIC BLAST, February 12-14th, 2010**. I understand that the event and its activities do represent the risk of injury, or even death to the participant, and I have advised the participant of these possibilities. I give permission for my child to participate in any/all of the activities. I agree to hold Woodbury Lutheran Church and/or its agents/Camp Lebanon guiltless in the event of an accident or injury to my child (student named above) while participating in the event and activities on the church or camp property or other location. I also give permission for the church and/or agents to order necessary medical care and treatment. I understand I will be contacted as soon as possible in the event of an emergency. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. **DISCIPLINE:** I grant authority to Camp Lebanon staff in matters of discipline understanding that (1) campers disregarding camp rules are subject to being sent home at parent's expense with no fee refund and (2) any camper willfully destroying property will be financially responsible for damages and/or replacement costs. **PROMOTIONAL:** Woodbury Lutheran Church and Camp Lebanon may use comments, photos and videos of named student in promotional pieces.

REGISTRATION: To register for this event this registration form and your **payment and deposit** must be received by the deadline date given above.

REFUND POLICY: Because we have to pay a nonrefundable deposit to the event host based on the number of youth attending from our church, the \$50 deposit will not be refunded after January 13, 2010.

I have completed the above requested information and have read and agree to the above statements/conditions.

Parent's Signature _____ Date _____