

TURNING POINTS

How Encountering Jesus Changes Us



Join us at the Senior High Retreat for a weekend full of time with friends, fun and games, and time spent learning from encounters people had with Jesus.

This year we'll spend time talking about some of the greatest struggles we deal with in this life by looking at how Jesus responded to people who were facing the exact same struggles as us. And we'll see how these encounters with Jesus can lead to turning points in our lives.

On Friday, November 1st

Arrive at Keystone Church at 6:00pm

On Sunday, November 3rd

We will return at 2:00pm.

For more information visit keystonechurch.org/retreat

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Information:

Submit payment and bottom portion in an envelope OR Submit payment & complete registration online.

-\$110 until October 13th

-\$125 until October 27th

Arrive at Keystone on 6:00pm Friday

Return to Keystone at 2:00pm Sunday

Retreat Location: Camp Andrews 1226 Silver Spring Rd Holtwood, PA 17532. [717.284.2624](tel:717.284.2624).

What to Bring:

Sleeping bag, pillow, towel, toiletries, clothes that can get dirty for the night game, flashlight, and Bible.

Note: We are asking that everyone leave their phones at home this weekend.

Contact Pastor Kyle with questions: kkauffman@keystonechurch.org or call 717.371.1885

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Senior High Retreat Waiver and Medical Information

I/We _____, parent(s)/guardian(s) of _____, age____, grade_____, enter the following Release and Waiver and agree that I/We have had plenty of time to read and understand the following before signing it.

In consideration of the child's participation in the Senior High Retreat, I, individually and on behalf of any other parent or guardian of the Child agree to release, indemnify, defend, and forever discharge Keystone Church and their employees, representatives, members, directors, staff, and volunteers of and from any and all claims, losses, injuries (up to and including death), demands, rights, and causes of action which may result from participation of the child in the Senior High Retreat. This Release is in addition to any other Release which I/We may have previously signed in favor of Keystone Church.

I/We know that children can be injured, sometimes seriously, up to and including death, at off-campus activities. In the event of an emergency, every effort will be made to immediately contact the parent or guardian at the phone number(s) listed below. If I/we cannot be reached at the phone number(s), I/We give permission to the physician selected by Keystone Church to hospitalize, secure proper treatment for and order injection(s), anesthesia, or surgery for the child as the physician(s) sees fit. I/We release Keystone Church and their employees, members, directors, volunteers, and any physician and hospital for any medical treatment provided hereunder. I/We agree to be completely responsible for any and all treatment and related costs for medical and dental services provided pursuant hereto.

Date: _____ Signature(s): _____ (Parent/Guardian)

Contact Phone Number(s): _____ (Cell); _____ (Home)

Address: _____

Family Doctor Office & Doctor's Name: _____

Family Doctor Office Address & Phone: _____

Health Insurance Company & Phone: _____

Group/Policy Number: _____

Allergies (Food or other): _____

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