

SKWIM 2023

January 13-16



Name _____ Gender M / F

Address _____

City, State, Zip _____

Phone _____ Email _____

Church _____ Youth Leader _____

Age _____ Current Grade 6 7 8 9 10 11 12 College Adult

SHIRT SIZE: _____

Roommate Request: _____

CIRCLE COST FOR EACH DAY

ADD AMOUNTS IN EACH ROW

CONFERENCE REGISTRATION
Includes 3 days Lodging and Food on site at
Greenlake Conference Center

ENTIRE WEEKEND	
Day 1	Day 2

\$185.00

SKIING / BOARDING
(WITH EQUIPMENT RENTAL)

\$120	\$80
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KALAHARI INDOOR WATER PARK

N/A	\$45
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SNOW TUBING IS AVAILABLE

**See note	N/A
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** Register individually and pay online
@Cascademountain .com

ADDITIONAL COSTS DETERMINED BY YOUR CHURCH
(transportation, food, etc)

TOTAL DUE

Students please return forms and payment to your Youth Leader. Make checks payable to the church you listed above.

Leaders, gather money/registrations and send one check to: Area II Youth, c/o Laura Rollet
101 Sandstone, Chatham, IL 62629.

DEADLINES: FORMS & \$50.00 DEPOSIT due Dec 1, 2022 FULL Balance due Jan 4, 2023

*****Please note: Ski Lift tickets will be purchased by December 10, 2022. They are non-refundable but are transferrable within our group in case of cancellation. Greenlake food charges are non-refundable 7 days prior to January 13, 2023.**

PARENT / STUDENT RELEASE

As parent/legal guardian of _____, I have reviewed the information about SKWIM 2023 and give my permission for the subject of this release to be involved in the activities indicated on their registration form.

I/we consent to the use of any video images, photographs, audio recordings or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed or shown as American Baptist Churches of the Great Rivers Region sees fit.

I/we understand all reasonable safety precautions will be taken at all times by the American Baptist Churches of the Great Rivers Region and its agents during the events and activities. I/we understand the possibility of unforeseen hazards and acknowledge the inherent possibility of risk. I/we agree not to hold American Baptist Churches of the Great Rivers Region, it's leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

MEDICAL RELEASE

In the event that our son/daughter, _____, becomes ill or sustains an injury while on a authorized and chaperoned outing with the American Baptist Churches of the Great Rivers Region, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I also consent to an x-ray examination, anesthetic, medical/dental or surgical diagnosis and treatment and hospital care, and the administration of drugs and medicine to be rendered to my son/daughter under the general or specialized supervision and upon the advice of a duly licensed physician or surgeon. I understand that a copy of this consent is as valid as an original. This consent is to remain in effect until written revocation is made.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____