

**First Baptist Church of Maysville Youth Ministries**

**Event: Ski Retreat**

**January 30<sup>th</sup>-February 1<sup>st</sup> 2026**

**Location: Princeton, West Virginia**

**Activities: Friday Night & Saturday Skiing/Snowboarding/Tubing**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Grade/Age \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician & Phone \_\_\_\_\_

Person who can be contacted in case of emergency, other than parent listed above:

Name \_\_\_\_\_ Phone \_\_\_\_\_

By virtue of this registration, I agree to abide by the rules and regulations of this retreat/trip; to participate in all activities unless hindered by health as noted below; and to cooperate with the counselors to make the trip a time of spiritual and physical recreation and growth.

STUDENT SIGNATURE \_\_\_\_\_

To Be Completed by Parent:

I give permission for my above-named child to join the First Baptist Church of Maysville on the Ski Retreat on the date(s) of January 30<sup>th</sup>-February 1<sup>st</sup>, including night skiing/snowboarding/tubing on Friday (Jan 30<sup>th</sup>) and day skiing/snowboarding/tubing on Saturday (Jan 31<sup>st</sup>). I further agree that First Baptist Church will be relieved of all responsibility in the event of injury. I understand that the group will be traveling in church and/or personal vehicles.

In the event of an emergency and that I cannot be contacted, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or a hospital. I expect to be contacted as soon as possible.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Student Medical Information:

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

*\*Activity preferences below*

## FRIDAY NIGHT CHECKLIST:

I plan to participate in night skiing/snowboarding/tubing on Friday (circle one):    YES        NO

I plan to (check all that apply): \_\_\_\_\_ Ski    \_\_\_\_\_ Snowboard    \_\_\_\_\_ Tube

I need (check all that apply): \_\_\_\_\_ pants/bibs    \_\_\_\_\_ helmet

***\*Special Note:*** *If you choose to ski on Friday night, you must also ski on Saturday. If you choose to snowboard on Friday night, you must also snowboard on Saturday (you cannot switch between skiing and snowboarding from one day to the next). However, you may tube on Friday night and/or add it as an additional activity Saturday.*

## SATURDAY CHECKLIST:

I plan to (check all that apply): \_\_\_\_\_ Ski    \_\_\_\_\_ Snowboard    \_\_\_\_\_ Tube

I need (check all that apply): \_\_\_\_\_ pants/bibs    \_\_\_\_\_ helmet    \_\_\_\_\_ lessons

**Please return to Gracie by Sunday, Jan 11<sup>th</sup> with \$50 Deposit**