



# FIRST AFRIKAN CHURCH

CENTER FOR AFRIKAN BIBLICAL STUDIES

## YOUTH RETREAT 2022

### Saturday - July 16

**9:00am - 3:00pm**

**Check-in: 8:30am**

**for ages 8 -16 years old**

#### TENTATIVE ITINERARY



8:30am:	Check-In
9:00am:	Welcome, Opening Prayers, Rules, and Overview
9:20am:	BREAKFAST
10:00am:	Book Give-Away
10:30am:	Fun & Fellowship (1) – Team Building Activities
12:00pm:	LUNCH
12:30pm:	Fun & Fellowship (2) - Spa Bus, Video Bus
2:45pm:	Group photo and Closing Remarks
3:00pm:	Check-Out & PICK UP.

FIRST AFRIKAN CHURCH  
5197 Salem Road  
Lithonia, Georgia 30038  
Phone: (770) 981-2601  
email: [fapc@firstafrikanchurch.org](mailto:fapc@firstafrikanchurch.org)



**FIRST AFRIKAN CHURCH 2022 YOUTH RETREAT**

**REGISTRATION FORM**

<b>Name of Participant:</b>	
<b>Age:</b>	
<b>Name of Parent/Guardian:</b>	
<b>Address:</b>	
<b>Contact Information: (phone)</b>	
<b>Contact Information: (email)</b>	
<b>Contact Information: (other)</b>	

**Behavior and Safety Agreement Form:**

I (We) acknowledge that First Afrikan Church is responsible for the 2022 Youth Retreat, its contents, rules, activities, and regulations. We acknowledge that the participant is responsible for His/Her behavior while on First Afrikan Church property for the Retreat.

I (We) acknowledge that First Afrikan Church is not responsible for any damages or to any individual or the property of anyone who fails to comply with the articulated (written or verbal) rules and regulations for this Retreat.

I (We) understand that First Afrikan Church will not be liable for the acts of any individual who participates in the Retreat and fails to comply with the rules and regulations established for the Retreat.

Signature of Participant:		Date:	
Signature of Parent:		Date:	

**Subject Matter Consent Form:**

I give permission for my child to participate in ALL activities which may include sensitive subject matter discussion and activities, including but not limited to – self-worth, gifts, insecurities, personal affirmation, self-love, depression, anxiety, stereotypes, and discrimination.

Signature of parent/guardian:		Date:	
Consent, but with the following exclusion:		Date:	

**Parental Consent and Medical Authorization:**

Is your child being treated for any injury, sickness, or taking any form of medication for any reason?

No		Yes		Explain
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Is your child allergic to any medication?

No		Yes		Explain
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Does your child have any dietary restrictions/needs?

No		Yes		Explain
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Does your child have any medical conditions we need to be aware of, including but not limited to:- seizures, asthma, heart murmur, diabetes, allergies, etc.?

No		Yes		Explain
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Name & number of participant's physician

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I understand that I will be notified in case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that the church will not be responsible for medical expenses incurred, but such expenses will be my responsibility as parent/guardian.

I agree to notify the church in the event of any health changes that would restrict my child's participation, and I also understand that the adult supervisors reserve the right to restrict my child from any activities they feel in not within the physical capabilities of my child.

I will be on time to pick up participant(s) at the appropriate time, i.e. 3:00pm

Signature of parent/guardian:		Date:	
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