

TRAIL FELLOWSHIP'S

2026

HLS Winter Retreat

*It's a Fun
Winter Time!*



JANUARY
16-19

*Meet Friday at 4pm at TCF
Returning around
Monday at 2:30pm*

SWIMMING - SHOPPING - HIKING - FOOD
FELLOWSHIP - TONS OF WINTER FUN

RETREAT: \$120 PER PERSON

*What to bring: Bible, towel, sleeping bag, winter clothes,
personal hygiene, games, water bottle*

TRAIL.ORG/EVENTS ROB: 541.821.7261 ROB@TRAIL.ORG

HS Winter Retreat 2026

Name(s) of Attendee(s): _____

Birthdate(s): _____

Address: _____

Email: _____

Primary Phone: _____ Texting: Y N

Health Insurance: Y N Provider: _____

ID #: _____ Policy/Group #: _____

Food Allergy (s): Y N if Yes, please list:_____

_____: PERMISSION TO TREAT ABOVE LISTED (EVEN A MINOR)
(Initial to allow) I authorize Trail Christian Fellowship, in whose care the above listed has been entrusted, to consent to any emergency transportation, x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned to this authorization.

_____ : MEDIA RELEASE

(Initial to allow) I hereby grant permission to Trail Christian Fellowship to use photos and videos containing the face and likeness of above listed for various purposes such as printed material, publications, displays, video productions, Pro Presenter presentations, etc., as well as for the various TCF sites on the internet.

I hereby give permission for the above listed to attend and participate in
Trail Christian Fellowship's High School & Middle School event
named on this permission slip.

(Legal Responsible Party Signature)

(Phone)

(Date)

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