



# **Crossroads Farm Winter Retreat**

## **ADVENTURE UPDATE**

**February 20<sup>th</sup> - 22<sup>nd</sup>  
Students 6<sup>th</sup> - 12<sup>th</sup> grade**

**What if God has something just for you?  
It's going to be an awesome weekend!!**

**Micah Williams will be our speaker, New Anthem  
will be leading worship, and between the tubing,  
big game, the special surprise, coffee house, and  
hanging out together-you won't want to miss it!**

**Registration deposit of  
\$35  
holds your spot.  
Total cost \$135**



crossroads farm





Crossroads Farm

5520 W. Card Rd.  
Reading, MI 49274

(517) 283-3982  
www.crossroadsfarm.org

## Winter Retreat - Permission Slip

Friday, February 20<sup>th</sup>  
through  
Sunday, February 22<sup>nd</sup>, 2026

**Please print in ink:**

Male

Female

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_ Year in school \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL CONDITIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

One person he/she would like to room with \_\_\_\_\_

My son/daughter has a performance or game and needs

to ride the late bus:

Yes

No

(See Backside)

# Students

For your information, we expect each student to conform to these rules of conduct.

No possession or use of alcohol, drugs, tobacco or vape. No students can drive. No fighting, weapons, lighters, or explosives.

No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect property. Respect one another, staff, and adult leaders. Respect and comply with event schedules.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct.

I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Parents

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Crossroads Farm and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Crossroads Farm. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Crossroads Farm, Executive staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Crossroads Farm, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Crossroads Farm staff member.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_