

ALPHA YOUTH RETREAT

Join us for a weekend away at Bar M Ranch. Take a plunge in the hot springs pool, play games, eat good food, and grow in your understanding of who God is.



FEB 27 - MAR 1



BAR M RANCH
ADAMS, OR

ALPHA

REGISTER NOW



More Information
www.westsidechurchrichland.org/youth

Packing List:

Clothes for 2-3 days

Winter shoes

Winter coat

Snacks to share

Toiletries

Pool Towel

Bathing suit (hot springs)

Bedding and bath towels provided

WEST SIDE STUDENT MINISTRY

Alpha Youth Retreat @ Bar M Ranch, 2/27-3/1

I give permission for my child _____
to accompany West Side Church to Bar M Ranch. Transportation will be by van and/or private vehicle, driven by West Side student ministry leaders and/or parents. I will not hold West Side church or the adult leaders or parents responsible in the event of personal injury or accidental death.

Arrive at West Side church at 3:30pm on Friday, Feb 27th. Pick up is at West Side at 2:00pm on Sunday, Mar 1st. **(All times are subject to change)**

Signed _____ Phone _____ Date _____

(parent or legal guardian)

Please fill out the 2025-2026 Medical Release Form (see other side, for West Side students)

☐ I have already filled out the 2025-2026 Medical Release Form

There is no cell or internet service at Bar M Ranch. Phone # for the Ranch: 1.509.736.2086

Address: 58840 Bar M Ln, Adams, OR 97810



Student Information & Medical Release Form

June 1, 2025 – May 31, 2026

Today's Date: ____/____/____

Student's Name: _____ Birth Date: ____/____/____

School: _____ Grade [2025-26 school year]: _____

Address _____ City _____ State _____ Zip _____

Would you like to receive calendars, postcards, and other mailings from West Side Youth? *Yes / No*

Student Cell #: (____) _____ - _____ Text Updates? *Yes / No*

Student Email: _____ Email Updates? *Yes / No*

Parent/Guardian Info:

Name(s): _____ & _____

Cell #: (____) _____ - _____ Cell #: (____) _____ - _____

Text Updates? *Yes / No* Text Updates? *Yes / No*

Email: _____ Email: _____

Email Updates? *Yes / No* Email Updates? *Yes / No*

Medical Information

Insurance Carrier: _____ Policy #: _____

Allergies [including drug reactions]: _____

Regular medications: _____

Photo/Video Release and Waiver:

I hereby authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said events participation therein, and the publication or other use thereof. I hereby waive any right to compensation therefore or any right that he/she otherwise might have to limit or control such making or use.

Medical Release and Waiver:

I authorize my child, _____, to participate in West Side Church Youth activities, and as a condition of his/her being allowed to do so I hereby release and discharge West Side Church and its constituent organizations and its officers, agents, and employees from any and all claims for personal injuries or property damage that he/she may suffer as a result of his/her participation in West Side activities, whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individuals named or described above.

I hereby warrant and represent that he/she is physically fit and capable of taking part in such activities on the basis of advice given to me by his/her duly licensed medical doctor within the last twelve months, and I know of no change in his/her medical condition since receiving such advice that would affect the opinion of said medical doctor. I hereby give consent for medical treatment to be given to

Doctor: _____ Doctor's Phone #: (____) _____ - _____

Additional Information: _____

Parent or Guardian Name (*print*) _____

Parent or Guardian Signature _____ Date ____/____/____

Best Contact Phone (____) _____ - _____