



NOVEMBER 13-15

GRADES 9-12

High School Fall Retreat is something we always look forward to! This year we're heading to a new location where it will just be us! Chill vibes and coziness await as we worship, learn, make new friends, reconnect with others, and encounter Jesus in new ways.

BUS LEAVES WPA at 5:30pm Friday

BUS RETURNS to WPA at approximately 1pm Sunday

TRAVELLING by bus to and from retreat.

Retreat & Accommodations

NEW LIFE CAMP

473289 Camp Oliver Rd RR#1

PRICEVILLE | ONTARIO

COST

\$145 before November 6th

Register Online



----- **REGISTRATION ENDS NOVEMBER 6th** -----

Includes accommodation, transportation, Friday snack & Saturday meals, Sunday breakfast.

Please provide your student with dinner Friday evening before arriving at WPA.

PLEASE NOTIFY US of any allergies, health concerns and/or dietary preferences, as well as any financial support you may need at the time of registering. Partial sponsorships are available.

EVENT CONTACT

Work 519.884.0530 ext. 123

Email youth@wpa.church

SUGGESTED PACKING LIST

Change of Clothes for each day & PJ's

Sleeping Bag (or bedding), Pillow

Toiletries, Shower stuff,

Towel and shower shoes/flip flops

Close-toed shoes & clothing for games/activities outside (dress for the weather)

Bible, pen, notebook

SCHEDULE

FRIDAY

05:15pm

Meet at WPA

05:30pm

Bus Leaves WPA

07:00pm

Arrive at Campfire Bible Camp, Settle in

07:30pm

Session #1

09:30pm

Late Night Snack & Connection

MIDNIGHT

Curfew

SATURDAY

08:30am

Breakfast

10:00am

Session #2

12:00pm

Lunch Break

01:00pm

Activities

02:00pm

Free time

05:00pm

Dinner

07:00pm

Session #3

SUNDAY

08:30am

Breakfast

09:30am

Small Group Devo's & Debrief

10:30am

Camp Clean Up

11:30pm

Leave New Life Camp

01:00pm

Arrive back to WPA

Please bring a bible and notebook and wear weather appropriate and comfortable clothing for games and outdoor activities.

FALL RETREAT High School

Gr 9-12

With Waterloo Pentecostal Assembly – Youth Ministries

A time away to worship, learn, make new friends, reconnect with friends, and encounter Jesus in new ways.

Date & Time: 5:30pm Friday Nov 13 - 11:00pm Sunday November 15, 2026

Cost: \$145 Before November 6th

Drop off/Pick up: Waterloo Pentecostal Assembly

Location: See Information Pack

Activities: See Information Pack

Student Code of Conduct: no possession or use of alcohol, drugs or tobacco, no fighting, weapons, fireworks, lighters, no offensive or immodest clothing, (for overnight events) no boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with group is expected, respect property, respect one another, staff and adult leader, respect and comply with event schedules.

Participant's Personal Information:

Student's Name: _____ ☐ Male ☐ Female

Birth Date: (dd/mm/yr): ____/____/____ Student's Cell: _____

Medical Information:

Health Card Number: _____ Version (last 2 letters): _____

Dietary Restrictions: _____

Allergies: _____

Does your student carry an Epi-pen? ☐ Yes ☐ No

Health Concerns / Existing Medical Conditions: _____

During this event I may be contacted by phone at:

Parent/Guardian Name(s): _____

☐ Home: _____ ☐ Cell: _____

Alternate Contact Name: _____ Phone: _____

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend the above noted event being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for an injury, loss or damage to person or property that may occur during the course of my/our child's medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, 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 the 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 student ministries staff member.

Parent/guardian signature: _____ Date: _____

Event Contact Info – Phone: 519-884-0530 // Email: youth@wpa.church

