



September 17-19, 2010
Student Packet

REtreat Info

We are so excited about the Ripple Effect Fall Retreat this year!

We know that you probably have a ton of questions about camp, and we'd like to try and answer most of the big ones right here . . .

What is the Fall Retreat?

The purpose of the Ripple Effect Fall Retreat is to encourage high school students to deepen their faith within the context of a small group. We see the retreat as a great chance to get high school students out of their normal surroundings for a weekend at the beginning of the year to solidify their relationship with God and to build community with other students in their small group.

Where is it?

We hold our fall retreat every year at **Camp Dixie** in Fayetteville, NC

373 Bladen Union Church Rd
Fayetteville, NC 28306
(910) 865-5180
campdixie.com

Who can go?

The Ripple Effect Fall Retreat is for current 9th-12th grade students.

What are the dates?

We will leave for camp on Friday, September 17th from Studio 3. **We need students to be at Studio 3 by 4:00 pm for the retreat so we can leave no later than 5:00 pm.** We will return to Studio 3 on Sunday, September 19th by **3:00 pm**.

What is the cost?

\$100 per student—covers all costs for the retreat **except** for **1** fast food meal on the way to camp.

How do we sign up?

Fill out the Registration Packet and turn it in with your \$100 for camp to either the Guest Services or the Info Desk in Studio 3 at the 9:00, 4:00, or 6:00 service.

When is the deadline to sign up?

We will not accept any sign-ups after **Sunday, September 12th**.

Can I get my payment back if my student doesn't go?

We **cannot** return your payment if your student is unable to come with us to camp **FOR ANY REASON**.

If you have any questions about the Ripple Effect Retreat, please email Pat Connolley at pat.connolley@portcitychurch.org or call her at (910) 202-8850.

What to Bring

Clothing:

- **WHITE T-Shirt (used to decorate)**
- Bathing Suit (refer to dress code below)
- Summer/Fall clothing—depending on the weather (refer to dress code below)
- “Active wear” clothing (clothes to get sweaty in)
- One set of clothing you don’t mind getting really dirty in
- Sweatshirt/Jacket for at night
- “Dark” clothing/Camouflage for Capture the Flag/“Stealth”-style games
- Tennis Shoes, Sandals, Shower Shoes/flip flops

Dress Code:

- **Bathing Suits**—One-piece bathing suit or bikini bottoms and a rash guard. No Exceptions.
- **Clothing**
 - Ladies—During the day/meals/free-time, feel free to wear tank tops. During sessions, though, we ask that you wear a T-shirt (something with sleeves). Ultimately, we ask that you dress with modesty in mind—mainly as a way to serve the best interest of the guys on the trip
 - Guys—Please do not wear clothing with suggestive or offensive messages on it. We ask that you also wear your pants above your underwear. Also, we ask you to wear a shirt unless engaged in a water activity.

Bedding/Towels:

- Sleeping Bag or Twin Sheets & Blanket
- Pillow
- Bath Towels, Washcloths
- Beach Towel

Money:

- Please bring enough cash to cover **one** fast-food meal on the way to camp
- We will have a “snack bar” at camp. Feel free to send money at your discretion.

Other:

- Bible, Journal, Pen
- Toiletries: Shampoo, Soap, Deodorant, Toothpaste, Toothbrush, etc.
- First Aid Supplies (band-aids, antibacterial ointment, etc.)
- Bag for dirty clothes (“Walmart”-style or trash bag)
- Sunscreen, Sunglasses, Bug Spray
- Flashlight and batteries
- Camera and batteries/charger

OFFICE USE ONLY: () ALLERGY () MED () FOOD

COMPLETE ()

Paid: () Date: _____ Method: _____ Amount: \$ _____

DATE: _____

FA Applied: () Amount Approved: \$ _____

Port City Community Church

PARENTAL CONSENT, INDEMNIFICATION, LIABILITY WAIVER, AND AUTHORIZATION FOR EMERGENCY CARE TO MINOR CHILD

(This document affects your legal rights. You must read and understand it before signing it.)

.....
The undersigned is/are the parent(s) or legal guardian of the minor listed below:
.....

Minor/Participant's Full Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Student email: _____ Student Mobile Phone: _____

School: _____ Current (2010-2011 school year) Grade: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(Please fill out completely!)

Parent(s) or Legal Guardian's Name(s):

Parent email: _____

Home Phone(s): _____

Mom Work Phone: _____

Dad Work Phone: _____

Mom Mobile Phone: _____

Dad Mobile Phone: _____

In case of emergency and parent and/or legal guardian cannot be reached, please contact:

Non-parent Contact: _____

Relation: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

(Continued on Back)

Insurance Information:

Insurance Company: _____

Policy Number: _____

Group number: _____

Insurance Company Phone: _____

Minor's Physician: _____

Phone #: _____

Minor's Dentist: _____

Phone #: _____

ALLERGY INFORMATION:

Known allergies of minor: (if any apply please describe below)

() Food: _____

 If peanut allergy, how severe? _____

() Medication: _____

() Other: _____

Any pertinent information regarding allergies:

Other significant health conditions:

Date of minor's most recent tetanus shot: _____

Medications currently being given to minor:

*****If currently taking medications, please refer to attached Medication Self-Administration Release Form (pg.6) and sign if your child is capable of self administration.*** If not please inform us of needs above.**

Dietary needs: (i.e. vegan, vegetarian, etc.):

1. Introduction, Parties and Purposes.

Port City Community Church (hereinafter "PC3") is a church which conducts numerous activities for young people. Adult volunteers and PC3 employees and officers conduct these activities. **THESE ACTIVITIES ARE NOT WITHOUT RISK.** PC3 has a limited budget which is funded by donations from its members and friends. PC3 cannot practically conduct these activities unless it is released from, and indemnified against, claims in excess of its liability insurance coverage for bodily injury or death to any participant arising from negligence on the part of PC3, or its employees, officers or volunteer workers. Therefore, PC3 insists that before any person is allowed to participate in certain of its activities, such person, or the parents or legal guardian of the minor, consent to the activity and agree to indemnify PC3 and its volunteers, employees and officers against claims for negligent infliction of bodily injury or death, and provide a release from liability for such claims. The indemnification and release apply to claims in excess of the liability insurance coverage which the church may have obtained. Not every activity or injury may be covered by liability insurance. The release and indemnification do not apply to intentional infliction of injury of any type, to gross negligence, or to any sort of sexual misconduct committed by PC3 or its employees, officers or volunteer workers.

Furthermore, before any person is allowed to participate in the activities, PC3 must be assured that such person is currently covered by health insurance.

2. Nature of Activity in Which a Minor Will Participate.

A minor will participate in activities sponsored by PC3, specifically: *(name of activity)*

Ripple Effect Fall Retreat to take place from *(date)* **September 17th** to **September 19th**, **2010** in *(city, state)* **Fayetteville**, **NC**. Participation in said activity includes travel provided by PC3 to and from the activity site. The undersigned person or persons UNDERSTAND AND ACKNOWLEDGE that the activity the minor is about to engage in bears certain known and unanticipated risks which could result in INJURY, DEATH, ILLNESS OR DISEASE, PHYSICAL OR MENTAL, OR DAMAGE to the minor and to his or her property. The risks may include, but are in no way limited to, the following:

- a. the risks which are inherent in the activities of athletic activities, swimming, paddle-boating, bumper boats, horses, group games, hummer rides, etc.;
- b. the acts or omissions or negligence of PC3, or its directors, officers, partners, members, managers, volunteers, chaperones, agents or employees (collectively hereinafter to referred to as the "Released Parties");
- c. latent or apparent defects or conditions in equipment or property supplied by PC3, or other persons or entities;
- d. the minor's own physical condition or own acts or omissions;
- e. first aid, emergency treatment or other services rendered by PC3, or others; and
- f. consumption of any food or drink, whether or not provided by PC3, or others, and untreated water from the environment.

The undersigned understand and acknowledge that the above list is not complete or exhaustive, and other risks, known or unknown, identified, or unidentified, anticipated or unanticipated may also result in injury, death, illness, disease or damage to the minor or to his or her property.

3. Consent.

The undersigned person or persons, being the parents (or a single parent with custody) or guardian of the minor named above, voluntarily consent to the participation of the minor in the activity named in paragraph two (2) above. The minor's participation in this activity is purely voluntary; no one is forcing him or her to participate in spite of the risks.

4. Release from Liability and Covenant Not To Sue.

As lawful consideration for the minor being permitted by PC3 to participate in the activity specified in paragraph two (2) above, the undersigned parents, parent or guardian, on behalf of themselves, their heirs, assigns, legal representatives, estate, and the minor voluntarily release, waive and forever discharge and covenant not to sue the Released Parties from any claim for bodily injury or death of the minor arising out of or related to the negligence of PC3 or its volunteers, employees and officers in connection with or related to the activity referred to above. Provided, however, that the release applies only to claims which are in excess of liability insurance coverage which

PC3 has obtained, or to claims for which there is no liability insurance coverage. In the case of multiple claims arising out of the same incident, available insurance coverage will be prorated among the claimants, in the event that there is insufficient coverage for all the claims. The release does not apply to intentional infliction of injury, gross negligence, or sexual misconduct of any sort by PC3 or its employees, officers or volunteer workers.

5. Indemnification and Hold Harmless.

The undersigned parents, parent or guardian agree to INDEMNIFY the Released Parties and HOLD THEM HARMLESS against any loss, liability or claim for bodily injury or death to the minor arising out of negligence of PC3 or its volunteers, employees and officers in connection with or related to the activity referred to above. The indemnification applies only to claims which are in excess of liability insurance coverage which PC3 has obtained or to claims for which there is no liability insurance coverage. In the case of multiple claims arising out of the same incident, available insurance coverage will be prorated among the claimants, in the event there is insufficient coverage for all the claims. The indemnification does not apply to intentional infliction of injury, gross negligence, or sexual misconduct of any sort by PC3 or its employees, officers, or volunteer workers.

6. Acknowledgement of Effect of this Release Agreement.

The undersigned parents, parent or guardian UNDERSTAND AND ACKNOWLEDGE that by signing this document I/we have given up certain rights and/or possible claims which I/we might otherwise assert or maintain against the Released Parties.

7. Medical Insurance and Representation of Physical Condition.

The undersigned parents, parent or guardian represent to PC3 that the minor is currently covered by sufficient health insurance which applies (except for deductibles) to injuries arising out of the particular activity. I/we understand and acknowledge that no medical insurance benefits will be provided to the minor during this activity by PC3.

I/we understand and acknowledge that if we do not have medical insurance coverage, I/we will be responsible to pay for and all financial responsibilities as a result of injury/illness affecting our minor.

The undersigned parents, parent or guardian FURTHER ACKNOWLEDGE that the minor is in good physical and mental health, and not suffering from any condition, disease or disablement, which would or could potentially affect participation in this activity.

8. AUTHORIZATION FOR EMERGENCY CARE TO MINOR.

THE UNDERSIGNED PARENTS, PARENT OR GUARDIAN DO HEREBY AUTHORIZE ANY PC3 EMPLOYEES, VOLUNTEERS AND/OR ADULT CHAPERONES THE TEMPORARY CUSTODIAN OF THE MINOR, TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, DENTAL, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND/OR HOSPITAL CARE TO BE PROVIDED TO SAID MINOR, WHEN SUCH SERVICES ARE RECOMMENDED AND SUPERVISED BY ANY PHYSICIAN OR DENTIST WHO IS LICENSED IN THE STATE WEHRE THE SERVICES ARE TO BE PROVIDED, WHETHER SUCH SERVICES ARE PROVIDED AT THE OFFICE OF A PHYSICIAN, DENTIST, URGENT CARE FACILITY, OR AT A HOSPITAL. I/WE AUTHORIZE THE PHYSICIAN OR DENTIST TO CALL IN, AT HIS OR HER DISCRETION, ANY NECESSARY CONSULTANTS.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist, to exercise his/her/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall become effective at 3:30 p.m. on the 17th day of September, 2010, and shall remain in effect until 4 p.m. on the 19th day of September, 2010, unless it is revoked sooner in writing.

Medication Self-Administration Release

(sign only if applicable)

I give parental permission to allow my child who is under the age of eighteen to self-administer his or her prescription medication(s) during the 2010 Youth Fall Retreat with Port City Community Church to Camp Dixie in Fayetteville, NC from September 17-19, 2010. I agree that Port City staff members or adult volunteers will not be responsible for the administration of medication or verification that my child has taken his or her medication on this trip.

Date: _____

Print Child's Name: _____

Child's Signature: _____

Print Parent's Name: _____

Parent's Signature: _____

Ripple Effect Fall Retreat Expectations

1. Students are expected to respect all Camp Dixie property, the buses/vans, and the property of all other locations visited traveling to and from Camp Dixie. All cost for damages caused by a student will be the responsibility of his/her parent(s)/guardian(s).
2. No public displays of affection—at all!
3. On vehicles traveling to and from Camp Dixie, students must share seats with fellow students of the same gender.
4. Students may not enter a room/cabin of the opposite gender FOR ANY REASON. Students of the opposite gender may not spend time alone in a “common room.”
5. Students must respect the schedule, being punctual and present for every scheduled event.
6. Students are expected to be dressed appropriately at all time while on the trip. Please refer to the dress codes we've laid out in the “What to Bring” form included in this packet.
7. Students may not bring the following items:
 - Alcohol, tobacco products, illegal drugs
 - Energy Drinks
 - Skateboards
 - Firearms, fireworks
 - Any video game device (including hand-held games)
 - Any form of DVD player

We understand that most cell phones and ipods have video games/movie-playing capabilities on them, and we allow you to bring those items (see below). Please understand that the “heart” behind this expectation is that your focus on the trip is not to be on the media you bring, but on building relationships (with God and others on the trip).
8. Students may bring the personal music devices (ipods, mp3 players, personal CD players). They may only use these during the trip to and from Camp Dixie and during “bunk time” at night. Students may not use such items during the day.
9. Students may bring cell phones. While at camp, students may only use their phones at night during “bunk time.”
10. PC3 staff reserve the right to make any reasonable additions to these rules as they see fit.

By my signature below, I (parent/guardian and student) acknowledge that I have read through these expectations, understand them and am willing to abide by them. I also acknowledge, by signing below, that I understand that not living up to these expectations could result in being sent home at my parents' or guardians' expense.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____