



2016
YOUTH RETREAT
permission form

Host Home:

David + Dawn Gray's Property
wildwoodchristmastreefarm.com
286 La Paloma Road
Woodbury, Tennessee 37190
615.464.2472

Girls Accommodations:

Gray's Gift Shop Building

Guys Accommodations:

Camping on the hill.

(Above is the address to the location of the host home that we will be staying at for the weekend. Please use if desiring directions to the property.)

Details:

This Retreat will be held on Friday, Sept. 2nd - Saturday Sept. 3rd. We will meet at 7p.m. at the church (Friday, 2nd). For pickup details:

1): Pickup will be Saturday Night at 11pm at Eastgate.

The cost is \$25 per teen if pre-registered

The cost will be \$30 per teen if sign's up on or after Sept. 2nd.

If paying by Check, make checks payable to:

--Eastgate Creative Christian Fellowship--

Bring SIGNED permission forms with you the evening of the Retreat - you will not be able to attend the Retreat if your permission form is not signed.

Along with the cost of the Retreat, each individual teen will also be asked to bring the following:

- Sleeping Bag & Pillow
- Toiletries (Toothpaste, toothbrush, deodorant, shampoo, etc..)
- At least 2 changes of clothes along with a set of clothes you can be active in
- bring an outfit that can be stained and or ruined!**
- Tennis Shoes
- 1-2 Towels and washcloth (for showers)
- Plastic Bag or Trash Bag (for dirty clothes and towels)
- Bible
- Notebook or Journal (along with a pen or pencil)
- Sunscreen
- Bug Spray

Youth are encouraged to invite other friends between 7th and 12th grade. The more the merrier!

Rules:

All youth group/church rules apply to this event. Any student in violation of rules will be removed from the retreat and the parent/guardian will be called to pick up the student.

A modest, common sense dress code applies. Students should dress comfortably and some thought should be given about the pajamas!

Guys and Girls will be separated into gender specific cars for transportation.

***All Cell Phones will be taken up at the start of the Retreat and will not be returned until the end of the Retreat* (If an emergency were to occur, contact Jhason Smith or one of the youth leaders)**

Cameras will be the **ONLY** allowed electronic devices! Cell Phones that have cameras do not count.

There will be periods of the Retreat where we as a group will caravan to different locations. If you are uncomfortable with your teenager riding in the car with one of our volunteer drivers, please tell Jhason. All volunteer drivers are adults who are trustworthy and careful.

Please be sure to plan for the Saturday night pickup. If there is an emergency on site, please report to Jhason/Brittany Smith at 615.464.2472 on site phone. There is NO cell phone service on site but our numbers are: (615) 681-8283 Jhason's cell or Brittany Smith (615)516-4612 cell

If medication needs to be taken during the retreat, please be sure to mark the Medical Form with these medications and notify one of the chaperones, youth leaders, or Jhason Smith if there is any special information that needs to be known about your teen's health.

****The accompanying Medical Form is to filled out before arrival at the Retreat.****

This form is meant to tell us more about your child in case of an emergency. Allergies to medications and a copy of an insurance card are very important!

If you have any questions or concerns during the retreat, **due to the lack of phone service please call 615.464.2472 which is the on site number to reach us from Friday Night-Saturday Night.**

Our other contact information is:

Jhason Smith's Cell:(615)681-8283 | Brittany Smith's Cell: (615) 516-4612
jhason@EastgateCCF.com
[facebook.com/JhasonSmith](https://www.facebook.com/JhasonSmith)

Youth Leaders/Student Leaders:

Jude Smith - (615) 559-7474
Aaron Bernasconi - (785) 656-0137
Emily Bernasconi - (615) 739-8148
Beth Curtis - (615) 618-7585
Abigail McCormick- (615) 448-7913
James Barbe- (615) 584-2080

Eastgate CCF Youth Medical Release & Permission Form

Effective Dates: 9.2.2016 - 9.3.2016

Please print in ink and attach a photo copy of the insurance card (front and back) - if possible. Contact Jhason or Brittany if there are any questions or conflicts.

Student's Name _____ Age _____
Birthdate _____ Year in School _____ Male Female
Address _____ City _____ State _____
Zip _____ Home Phone _____
Cell Phone _____
Medical insurance company _____
Policy # _____

Mother's name _____
Phone: Home _____ Work _____

Father's name _____
Phone: Home _____ Work _____

Emergency contact _____
Phone: Home _____ Work _____

(Optional)
Physician _____
Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Circle the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have any allergies (i.e. pollens, medications, food, insect)?

Yes No (If yes, please describe allergy and treatment):

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: asthma, frequently upset stomach, epilepsy/seizure disorder, heart trouble, diabetes, physical handicap.

Yes No (If yes, please underline the ones that apply.)

3. Please list and explain any major illnesses the child experienced during the last year:

Should this child's activities be restricted for any reason? Please explain (use back of this sheet for additional space):

We expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, tobacco, or ANY illegal substance
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (Teen may be asked to change if clothing is questionable)
- Participation with the group is expected

- Respect property, respect one another, staff, and adult leaders
- Respect and comply with event schedules and rules

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

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student's Name (printed)_____

Student's Signature_____ Date_____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, ultimate frisbee, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hay rides, student conferences, rock climbing, lock-ins, scavenger hunts, eating challenges, obstacle courses, mission trips, service projects, small group trips, and more.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Jhason Smith prior to the event.

_____ has my permission to attend all youth
 NAME OF STUDENT activities sponsored by Eastgate Creative
 Christian Fellowship from 9.2.2014 to 9.3.2014.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Eastgate Creative Christian Fellowship and its staff of leaders 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 Eastgate Creative Christian Fellowship. **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 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 Eastgate Creative Christian Fellowship, 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 student ministries staff member.

Parent/guardian's name (printed): _____

Parent/guardian signature: _____

Date: _____