
HIGH SCHOOL FALL RETREAT

First/Second/Catawba



Date: September 21-23, 2018

Speaker: Pastor Matt Carr

Deadline for Registration: Sept. 11

Greetings in the Name of our Lord, Jesus Christ!

Perhaps now more than ever, high school students need guidance and direction in order to navigate these confusing times. Social media and news headlines remind us daily that we are a people requiring more and more of God's wisdom. What does it look like to live in God's wisdom in 2018? Can we realistically apply these truths in the current culture? Join us this weekend as we explore what it means to live in light of godly wisdom.

Speaker: Matt Carr, Lead Pastor Back Creek ARP

Matt has been married to the incomparable Shannon for 14 years and they have 3 wonderful daughters, ages 11, 8, and 6. Matt and Shannon also have a 1 year old son too! He grew up all over the South (MS, FL, GA, AL) as a pastor's kid, but now calls Carolina home.

Matt is a graduate of Covenant College (BA) and Reformed Theological Seminary (M.Div.), and has served in ministry for over a decade. He enjoys sports (especially FSU athletics – Go Seminoles!),



Music Leader: Jeremy Goodwyne

Jeremy is the worship director at Uptown PCA in Charlotte, NC. Jeremy earned a BA in Music Performance from Anderson University and a Masters of Church Music from Erskine Theological Seminary before accepting the call to direct the worship ministry at Uptown PCA. He is married to Julie, and they welcomed to the world their long waited firstborn son, Abel Watts Goodwyne, in December of 2016.



Registration Information

Registration Opens	Reminder Email	Registration Deadline	Late Registration Deadline
NOW!	August 30th	Sept. 11th	Sept. 18

Registration Deadline: Register by September 11 to receive:

1. Regular Pricing- \$80 for Bonclarken Housing / \$60 for Private Housing
2. Retreat T-shirt
3. Requires a \$40 non refundable deposit per person

Late Registration Deadline: From September 11 to September 18, prices increase to \$100 for Bonclarken Housing/ \$80 for Private Housing. Registration after September 18 will be based on availability.

Register at www.arpretreats.com

*** Retreat Schedule will be included in the Reminder Email on August 30th***

Please contact Andrew (andrew@devengerroad.org) or Jon (joliphant@firstarpchurch.org)

Serving with you, the Retreat Planning Team

Andrew Di Iulio- Second Presbytery

Jon Oliphant- First Presbytery

Josh Hjemvick-

Josh Valentine-

James Robbins- Catawba Presbytery

Bobby Duran- Second Presbytery

Fred Hope- Second Presbytery

HIGH SCHOOL RETREAT REGISTRATION FORM

September 21-23, 2018

Register Online at ARPRETREATS.COM

Deposits Payable To: First Presbyterian Christian Education

Mail to: Jon Oliphant

% First ARP Church

317 S. Chester Street

Gastonia, NC 28052

If you did not register online, please mail this form along with your deposit:

Church Name: _____

Contact Person: _____

Contact Telephone: _____

Contact Email: _____

Check One: _____ Bonclarken Housing _____ Private
Housing

Number Attending:

_____ Female Students

_____ Male Students

_____ Female Advisors

_____ Male Advisors

_____ Children 4-12

_____ Total Attendees

<u>T-Shirt</u>	
(Adult Sizes Only)	
_____	Small
_____	Medium
_____	Large
_____	XL
_____	2XL

****Note: Each Group must ensure male students are accompanied by at least one male chaperone; female students by at least one female chaperone**

Among your advisors, how many married couples? _____

Does your group have any special housing needs? If so, please explain:

Pricing before Sept. 11:

\$80 per person staying in Bonclarken Housing (\$100 after Sept. 11)

\$60 per person staying in Private Housing (\$80 after Sept. 11)

\$40 per child (Ages 4-12)

Total due for your group: (Cost per person x attendees) \$_____

Non-refundable Deposit: (\$40 x total attendees) \$_____

Remaining Balance (Total Due minus Deposit; due upon arrival) \$_____

Deposits and Registration (if mailed) must be postmarked by Sept. 11th for regular pricing.

BONCLARKEN CAMP PROGRAMS CHILD/YOUTH RELEASE FORM
(Ages 0-17 years)
FOR BONCLARKEN ACTIVITIES

In consideration of Bonclarken Conference Center, a North Carolina nonprofit corporation, its agents, officers, directors, assigns, contractors, and/or employees, providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable my child to participate in recreational activities, I agree as follows:

(PRINT YOUR FULL LEGAL NAME)

the undersigned, being an adult (age 18 or older), hereby agree that I am the legal guardian of

(PRINT CHILD'S FULL LEGAL NAME)

and hereby give my consent to Bonclarken Conference Center to allow my child to participate in any of the following recreational activities (the "Activities"):

- ropes course/indoor challenge elements,
- zipline,
- giant swing,
- Leap of Faith (Pamper Pole),
- caving,
- teambuilding activities,
- paintball,
- playground activities,
- swimming,
- boating,
- archery and other sports,
- use of recreational equipment related to any recreational activities, and
- transportation to and from certain activity areas as necessary

I understand that it is the philosophy of Bonclarken Camp Programs that in order to attend camp, campers must have permission to participate in all activities.

I understand and acknowledge that there are inherent risks, dangers and hazards in my child's participation in any of the Activities; (b) my child's participation in any of the Activities may result in injury, illness or loss including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability or death; and (c) these risks may be caused by the negligence of the campers, the negligence of others, accidents, breaches of contract, the forces of nature or unforeseeable risks.

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my child's participation in the Activities.

I hereby waive, release, and discharge Bonclarken Conference Center from each and every claim whatsoever relating to my child's participation in any of the Activities, except for any claims that are the direct result of the active negligence of Bonclarken Conference Center.

I understand and agree that (a) the sole proper venue for any dispute in which Bonclarken Conference Center is a party and that may arise out of this Agreement, or otherwise relate to my child's participation in any of the Activities, shall be Henderson County, North Carolina; (b) the dispute shall be decided, at the sole option of Bonclarken Conference Center, by litigation or arbitration. In the event that Bonclarken Conference Center elects litigation, the venue for any action shall be the Superior Court of Henderson County, North Carolina; (c) this agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE BONCLARKEN CONFERENCE CENTER FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY CHILD'S PARTICIPATION IN ANY OF THE ACTIVITIES EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF BONCLARKEN CONFERENCE CENTER.

Participant Name (print)

Name of Group

Parent/Guardian Signature

Today's Date

ALL CAMPERS MUST HAVE A SIGNED WAIVER IN ORDER TO ATTEND CAMP

For more information on these activities, please see the back of this page. Questions? Please contact Bonclarken at 828.692.2223.

MEDICAL FORM FOR HIGH SCHOOL RETREAT

(to be held by Participant's Group Leader)

PARTICIPANT NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: _____ SEX: M _____ F _____
T-SHIRT SIZE (Adult sizes only): _____

PRIMARY PARENT/GUARDIAN CONTACT NAME: _____
TELEPHONE: _____
SECONDARY TELEPHONE: _____

SECONDARY CONTACT NAME: _____
TELEPHONE: _____
SECONDARY TELEPHONE: _____

(any further contact information may be listed on the back of this form)

MEDICATIONS TAKEN REGULARLY: _____
DATE OF LAST TETANUS SHOT: ____/____/____
ALLERGIES: _____

SPECIFIC ACTIVITIES TO BE RESTRICTED: _____
Reason for restriction: _____

INSURANCE INFORMATION:
Insurance Company _____ Policy # _____
Address: _____

MEDICAL AUTHORIZATION AND RELEASE

In case of medical emergency I understand every reasonable effort will be made to contact parent(s) or guardian(s) of participant, using the information set forth above. In the event parent(s) or guardian(s) cannot be reached, I give permission to the physicians and hospitals selected by the above participant's group leader or retreat staff to administer to the child named above the medical and surgical treatment then believed to be in the best interest of the child.

The medical information on this form is complete and correct.

I shall not hold the leaders of the High School Retreat or the Retreat Director liable for any injury to the participant while on the retreat.

I certify that I am authorized to grant this authority and release.

SIGNATURE of PARENT or LEGAL GUARDIAN: _____

DATE: _____

Permission to Photograph Form

I hereby give permission for photographs and/or video footage of _____ to be used for retreat promotional purposes by First, Second, and/or Catawba Presbytery, of the Associate Reformed Presbyterian Church, through retreat websites, mailings, newspapers, social media posts, and television footage. I understand that at no time will the person named above be identified by name on any website run by the ARP Presbyteries.

I do understand that the above Presbyteries and the retreat staff and volunteers will make every effort to see that the safety and privacy of the person named above is maintained at all times.

☐

I have read and agree to the terms and conditions above.

☐

I do not give permission for photographs and/or video footage of the person named above to be used for promotional purposes.

Participant's signature

Parent's signature if above named person is a minor

Date

**ADULT RELEASE FORM
(Ages 18 years and older)**

FOR BONCLARKEN ACTIVITIES

In consideration of Bonclarken Conference Center, a North Carolina nonprofit corporation, its agents, officers, directors, assigns, contractors and/or employees, providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable me to participate in recreational activities, I agree as follows:

I, _____
(PRINT YOUR FULL LEGAL NAME)

the undersigned, being an adult (age 18 or older), hereby agree that I am choosing to participate
in any of the following recreational activities (the "Activities"):

- ropes course/indoor challenge elements,
- zipline,
- giant swing,
- Leap of Faith (Pamper Pole),
- caving,
- teambuilding activities,
- paintball,
- playground activities,
- swimming,
- boating,
- archery and other sports,
- use of recreational equipment related to any recreational activities, and
- transportation to and from certain activity areas as necessary

I understand and acknowledge that there are Inherent risks, dangers and hazards in my participation in any of the Activities; (b) my participation in any of the Activities may result in injury, illness or loss including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or unforeseeable risks.

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my participation in the Activities.

I hereby waive, release, and discharge Bonclarken Conference Center from each and every claim whatsoever relating to my participation in any of the Activities, except for any claims that are the direct result of the active negligence of Bonclarken Conference Center.

I understand and agree that (a) the sole proper venue for any dispute in which Bonclarken Conference Center is a party and that may arise out of this Agreement, or otherwise relate to my participation in any of the Activities, shall be Henderson County, North Carolina;

(b) the dispute shall be decided, at the sole option of Bonclarken Conference Center, by litigation or arbitration. In the event that Bonclarken Conference Center elects litigation, the venue for any action shall be the Superior Court of Henderson County, North Carolina; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE BONCLARKEN CONFERENCE CENTER FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY PARTICIPATION IN ANY OF THE ACTIVITIES, EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF BONCLARKEN CONFERENCE CENTER.

Participant Name (print)

Name of Group

Participant Signature

Today's Date

Effective 1/12/2012; Rev. 3/5/2012