

HIGH SCHOOL RETREAT



1st, 2nd, Catawba & Grace Presbyteries

MARCH 1-3, 2024

SPEAKER: REV. BOB ELLIOTT III

Contact Josh Hjenvick jhenvick@firstarpchurch.org with questions.

Registration Information

**Registration and payment will now be completed through Bonclarken.
Please follow the steps below to register your group for the retreat.**

Step 1: Click this link to register your group! You will need to pay the deposit in order to register your group. If you are unable to pay online, please contact Emma Robinson at (828) 692-2223 ext. 706 or emma@bonclarken.org.

<https://bonclarkenarpevents.campbrainregistration.com>

Step 2: After you register, you will receive an email with links to the release forms to be completed online. Share this link with your students and leaders. You will need a release form for each student and leader attending the retreat.

Step 3: Print the medical form and complete one for each student attending. You will keep these forms with you in case of a medical emergency.

REGISTRATION DEADLINE: FEBRUARY 16

**Pricing - \$80 for Bonclarken Housing / \$60 for Private Housing
\$40 non-refundable deposit per person**

Registration after the deadline will be based on availability.
Contact Bonclarken to register additional students.

T-SHIRTS SIZES REQUIRED AT REGISTRATION

We are ordering t-shirts for the Spring 2024 retreat. You will need to send in your student and leaders' t-shirt sizes with your registration by the registration deadline to receive shirts.



COVID-19 INFORMATION

- Please inform your group of Bonclarken and state of North Carolina COVID-19 guidelines.
- Please encourage your attendees to respect other Bonclarken guests and staff by following all guidelines and posted signs while on campus.
- Please ask individuals who have had COVID-19 symptoms or exposure and/or a positive COVID-19 test within the 14 days prior to your event to stay home unless cleared by a physician to resume normal activity.
- Please notify Bonclarken immediately if an attendee develops symptoms while on campus. Make a plan to isolate that person immediately until they can return home.
- Please notify Bonclarken if an attendee informs you of a positive COVID-19 test within the two weeks following your Bonclarken event.

Thank you!

MEDICAL FORM FOR HIGH SCHOOL RETREAT
(to be held by Participant's Group Leader)

Participant Name _____

Street Address _____ City _____

State _____ Zip _____

Date of Birth ____ / ____ / ____

Primary Guardian Name _____

Telephone _____ Secondary Phone _____

Medications Taken Regularly _____

Date of last tetanus shot: _____

Allergies _____

Specific reasons to be restricted:

Insurance information

Insurance Company _____

Policy # _____

Address _____

Medical Authorization and Release

In case of a 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 parents or guardians cannot be reached, I give permission to the physicians and hospitals selected by the above participant's group leader 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.

Parent/ Guardian _____

Date _____