



Dear Students and Parents,

It's that time of year we are back into the full swing of school, work, and family life. I know times can be tiring, school can be difficult, and work can be tough. This is why I am very excited about the 2011 Winter Camp coming up February 25th-27th. I wanted to make sure you had all the necessary information about the trip. On Friday, February 25th, we will be meeting at the church at 5:00 p.m. and leaving shortly thereafter. When you get to the church please make sure your student has turned in all the necessary forms and payment.

We will be traveling to Highland Lake Baptist Camp, which is located at 7605 Indiana 39 Bypass in Martinsville, Indiana (about three hours away, just southwest of Indianapolis). We will be traveling in certified and insured vans. There will be several adult leaders going on the trip to ensure the protection of your youth. The cost of the retreat is \$65 (non-refundable), which must be paid by Wednesday, February 23rd. All of your food (with the exception of Friday night), lodging, camp material, and fun is included.

Attached is a detailed itinerary and a list of what you need to bring. Also included is a medical release form that must be signed by a parent or guardian. We will need the Medical Release form ASAP in order to be notarized. If your child has attended Lift Camp '10 or Answer the Call Mission Trip '10, and has already submitted a Medical Release form, there is no need to submit another. In case of an emergency while we are gone, you can contact me on my cell phone at 219-512-0569. The retreat center's main office number is 317-996-2728. In addition, if your student needs to take any medication or has any medical conditions please inform Pastor Joey of it before we leave. We will have basic medicines available (such as ibuprofen), so there is no need to send ANY medication, unless prescribed.

The theme of the winter camp is *The Pursuit of Holiness*. We will be talking about what it means to love God and hate sin. We expect this to be a spiritually encouraging and extremely fun experience for your youth. Please feel free to call me with any questions you may have.

Sincerely,

Pastor Joey Best

Retreat Itinerary

Friday

- 5:00 p.m. - Load up and leave church
- 7:00 p.m. - Stop for dinner
- 10:00 p.m. - Arrive at retreat center unload
- 11:00 p.m. - General rules, Itinerary, etc. meeting with everyone
- 12:00 p.m. - Lights out

Saturday

- 8:00 a.m. - Breakfast
- 9:00 a.m. - Worship and Session 1
- 10:30 a.m. – Worship and Session 2
- 12:00 p.m. - Lunch
- 1:00 p.m. – Game and Free Time
- 5:00 p.m. - Dinner
- 6:00 p.m. - Worship and session 3
- 8:00 p.m. - Bonfire
- 12:00 p.m. - Lights out

Sunday

- 8:00 a.m. - Breakfast
- 9:00 a.m. - Worship and Session 4
- 10:30 p.m. – Worship and Session 5
- 12:00 p.m. – Lunch
- 1:00 p.m. – Pack and Load up.
- 2:00 p.m. - Head home.
- 5:00 p.m. - Arrive at church.

What to bring:

- Change of clothes for two nights. Make sure to bring warm clothes.
- Toiletries (deodorant, shampoo, soap, etc.).
- Money (For one fast food meal on the road and if you want any snacks). We suggest \$5-10.
- Cards or Games.
- Christian CDs for the van ride.
- Bible, notebook, pen.
- Sheets and blanket or sleeping bag.

What not to bring:

- PSP / Nintendo DS / video game system.
- Alcohol, drugs, tobacco products.
- Weapons (guns, any kind of knife, etc.).

**CLINE AVENUE FELLOWSHIP EMERGENCY MEDICAL AND LIABILITY PERMIT
Parental Consent Form/Responsibility Clause**

STUDENT'S NAME (Please Print Clearly): _____

Age: _____ Sex: _____ Date of Birth: _____ Grade: _____

Address: _____ City: _____ State: _____

PARENT'S NAME (Please Print Clearly): _____

Home #: _____ Cell #: _____ Work #: _____

EMERGENCY CONTACT (Please Print Clearly): _____

Relation: _____ Home #: _____ Cell #: _____

DOCTOR INFORMATION (Please Print Clearly): _____

Office #: _____

INSURANCE COMPANY (Please Print Clearly): _____

Policy Holder: _____ Policy Number: _____

HEALTH HISTORY:

Medications/Dosage: _____

Allergies/Allergic Reactions (Foods, Medicine, etc.): _____

Major Surgery in past year: _____

Acute or chronic medical condition: _____

Physical conditions that limit activities: _____

In case of an emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures deemed necessary to the welfare of the above named student while participating in a Cline Avenue Fellowship event. It is understood that Cline Avenue Fellowship personnel and medical personnel will make every attempt to contact parents, guardians, or relatives listed above prior to taking any such actions. I understand that Cline Avenue Fellowship cannot assume responsibility for medical expenses incurred in case of accident. I relieve Cline Avenue Fellowship, its ministers and counselors from any liability with regard to my child.

Signature: _____ Date: _____

Relationship to Student: _____

Notary _____

County of Residence _____ Term Expires _____

*Will be notarized by Church.