

Tween Retreat

Crestfield Camp and Conference Center in Slippery Rock, PA

March 14-15, 2020

Grades 4-6



Registration Form and \$10 deposit due by Wednesday, MARCH 4.

The Tween Retreat is time to join tweens from all around Pittsburgh to ...

- Explore Faith and how it relates to everyday life
- Start and grow friendships
- Have FUN and play in God's creation
- Worship in new ways

Schedule:

Meet at ELPC on Saturday at 8:00am

Return to ELPC on Sunday at 12:00pm

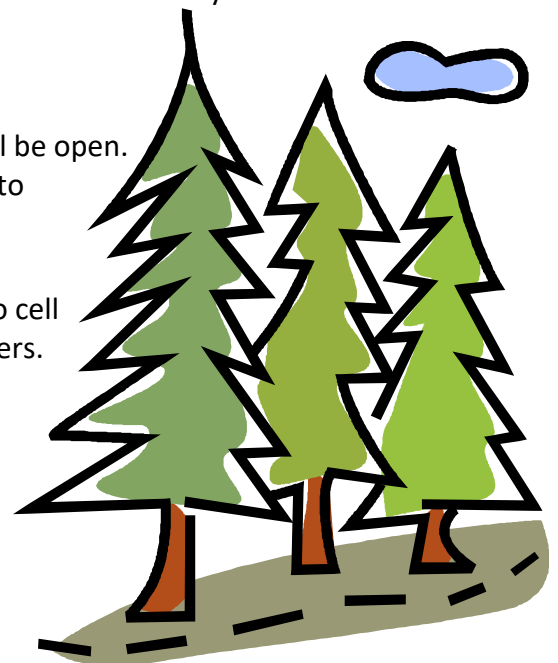
Cost: \$85/person

Full (families are still responsible for \$10 deposit) and Partial Scholarships are available for youth. If requesting scholarship money, please return the attached scholarship form by Wednesday, March 4.

Packing List:

- ★ Sheets and Blankets or a Sleeping Bag
- ★ Pillow
- ★ Clothes for Indoor and Outdoor Activities
 - An extra pair of dry shoes is ALWAYS a good idea for a weekend away at Crestfield.
- ★ Toiletries and Shower Stuff – if youth plan on showering
- ★ Crestfield's Liability Waiver
- ★ ELPC's Registration and Permission Form
- ★ Crestfield's camp store (shirts, hats, sweatshirts, etc.) will be open.
 - Your youth can bring additional money if they want to purchase something.
- ★ **NO Cell Phones or Electronics**
 - To further the retreat experience, Crestfield has a no cell phone or electronics policy for the campers/retreaters.

While we are away you can contact
Sara Hackett @ 412.673.2926
Crestfield's Office @ 724.794.4022



Tween Retreat Permission Form

EAST LIBERTY PRESBYTERIAN CHURCH
116 S. Highland Ave, Pittsburgh, PA 15206
www.CathedralOfHope.org

_____ has my permission to participate in the:

Tween Retreat

Crestfield Camp and Conference Center in Slippery Rock, PA
8:00am Saturday, March 14 to 12:00pm Sunday, March 15, 2020
Youth in Grades 4-6

Youth will meet at the church at 8:30am Saturday, March 14 and be driven by church staff to Crestfield Camp and Conference Center in Slippery Rock, PA. We will participate in a variety of activities led by Crestfield's staff while on the retreat. We will return to ELPC at 12:00pm on Sunday, March 15.

Permission form, \$85 (scholarships available), copy of insurance card, and Crestfield's liability waiver are required. RSVP by Wednesday, MARCH 4 to ensure that there is enough transportation and chaperones for everyone. RSVP to Sara Hackett at SaraH@coh.net or 412-673-2926.

Food Allergies or Dietary restrictions: _____

Medical Conditions or limitations we should be aware of at camp: _____

If your child needs to take any medications while at camp, please give them to Sara before we depart and be sure they are clearly labeled and with instructions.

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the East Liberty Presbyterian Church youth workers the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by the youth workers. I give permission for those administering emergency treatment to do so, using those measures deemed necessary. I absolve the youth workers and East Liberty Presbyterian Church from liability in acting on my behalf in this regard, so long as the youth workers are not grossly negligent.

Parent/Guardian Signature

Phone No.

2nd Parent/Guardian Name

Phone No.

Additional Emergency Contact

Phone No.

Tween Retreat Scholarship Form

March 16 -17, 2019

East Liberty Presbyterian Church

116 South Highland Avenue

Pittsburgh, PA 15206-3985

(412) 441-3800 x20

It is the intention of ELPC's Youth and Young Adult Ministries that no youth be denied participation in youth activities due to lack of funds. We ask that you use good stewardship in determining the amount you need so that we can provide scholarship assistance to as many youth as have need. Thank you for your cooperation.

Please complete this form and return it **by Wednesday, March 4, 2020** to...

Sara Hackett at SaraH@coh.net or

East Liberty Presbyterian Church

116 South Highland Avenue

Pittsburgh, PA 15206

Student's Name: _____

Tween Retreat at Crestfield Camp and Conference Center

TOTAL Cost of Trip: \$85.00

ALL families are asked to pay the \$10 dollar deposit.

- We are requesting the full available scholarship amount of \$75.
- We are requesting a partial scholarship in the amount of _____.

Parent Signature: _____

If you are new to ELPC programing please include your phone number, email, and mailing address below.



Liability and Photo Release

You or your child will be participating in selected activities affiliated with Crestfield Camp and Conference Center on _____. Please read the information below before authorizing your child or you to participate in the selected activities.

Warning: There are significant elements of risk in any adventure, sport, activity, or training associated with a climbing wall, ropes course, or other summer camp programming (referred to herein as “activities”), and the use of any equipment. Activities include, but are not limited to; mountain biking, archery, canoeing, swimming, low and high ropes course elements, and zip line. Activities take place on and off Crestfield Camp and Conference Center’s facility. Acknowledgement of Risks: I/my child recognize the fact that there is an inherent danger in these types of activities, even though safety systems are provided. These risks may result in serious injury or death, and include but are not limited to:

- Falls;
- Risk associated with climbing or down climbing;
- Equipment failure;
- I/my child’s and or other children’s physical condition, sense of balance, decision making, and the ability to follow or give directions;
- Failure on my/my child’s part to disclose a medical condition and/or physical activity concern that my child may have. I/my child also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, such that personal property may be damaged or lost, and that wearing appropriate clothing and footwear are basic safety precautions;
- Risk associated with transportation to off site activities;
- Risk associated with participating in aquatic activities

Express Assumption of Risk Responsibility: In recognition of the inherent risks of the activity that I/my child will engage in, I affirm that I/my child is physically and mentally capable of participating in the activity and/or using equipment. I realize it is my/ my child’s responsibility to inform the camp staff of any and all medical conditions and/or physical activity concerns I/my child may have, and to limit my/my child’s participation in any way I/my child deem appropriate. I/my child participates willingly and voluntarily and I/my child assume full responsibility for personal injury, accidents or illness, including death, and any expenses as a result of any accident that may occur. I/my child voluntarily and knowingly assume the risk(s) of personal injury, accidents and/or illnesses, including, but not limited to sprains, torn muscles and/or ligaments; fracture or broken bones; eye damage; cuts; punctures, wounds, scrapes, and abrasions; spinal injuries; animal bite or attack; insect bite or allergic reaction; shock; paralysis and/or death; and acknowledge that during the activity I/my child may experience fatigue, chill and/or dizziness that my diminish my/my child’s reaction time and increase the risk of an accident.

Covenant of Good Faith: I/my child recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature; medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable or meeting the rigors or requirements of participating in the activity. I/my child accept your right to take such actions for the safety of me/my child and/or other participants. I/my child acknowledge that no guarantees have been made with respect to activity objectives.

Authorization: I hereby authorize any medical treatment deemed necessary for me/my child in the event of any injury or illness while participating in the activity. I/my child either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/my child’s behalf.

Release: In consideration of services or property provided, I, as legal guardian, my child, any heirs, personal representatives or assigns, do hereby release: Crestfield Camp and Conference Center, its principles, directors, officers, agents, employees, and volunteers, and each and every land owner, municipal and/or government agency upon whose property an activity is conducted, from all liability.

I have read and understand the foregoing acknowledgement of risk, express assumption of risk responsibility, and covenant of good faith and release of liability. I/My child and I understand that by signing below I may be waiving valuable legal rights. By signing below, it is intended also to bind our heirs, representatives, executors, administrators, successors and assigns. I also give permission for me/my child to participate in the entire camp program; to travel in camp vehicles for off camp property trips.

Please check one.

_____ YES, I give permission for the image of myself and/or my child to be used by Crestfield Camp and Conference Center for media and promotional use.

_____ NO, I do not give permission for the image of myself and/or my child to be used by Crestfield Camp and Conference Center for media and promotional use.

Participant's name (please print): _____

Signature: _____ Date: _____

If under 18 years old

Parent's/ Guardian's name (Please Print): _____

Parent/Guardian: Signature: _____ Date _____