



**YOUTH  
WINTER  
RETREAT  
2017**

**MARCH 3RD - 5TH**

**IDYLLWILD PINES CAMP**

**JR. HIGH & HIGH SCHOOL**

**SIGN UP AND RETURN SLIPS BY FEB. 15TH**

(or you will not get a t-shirt)

For more info:

[ccsantee.com/events](http://ccsantee.com/events) • [chris@ccsantee.com](mailto:chris@ccsantee.com) • (619) 258-1946



## HELLO PARENTS AND YOUTH

Winter Camp 2017 is coming up on March 3rd - 5th. We will be joining Joshua Spring Calvary Chapel along with a couple other churches up at Idyllwild Pines.

### WHAT WE'LL DO:

The focus, as always, is to get away where students can grow deeper in their relationship with the Lord, as well as be refreshed through fellowship. This year's theme is "AFFIX," and we'll be discussing the importance and power of fixing our gaze on God rather than the world. There will be great worship, teaching sessions, workshops and fun activities such as ropes course, paintball etc.

### WHERE WE'LL BE:

We will be staying at Idyllwild Pines Camp & Conference Center in Idyllwild California, about 2 hours from Santee (109 miles).

### WHAT YOU NEED TO KNOW:

**SIGN UP:** When you pick up this packet, put your name on the sign up list.

**SLIPS:** Fill out and return Permission Slips by Wednesday **Feb. 15th**. Late slips may be accepted if there is room, but will not get a t-shirt.

**PAYMENT: \$130.** Includes transportation, a t-shirt and all meals (accept for lunch on the drive home, bring \$5-\$10). There is also a snack bar you may want some \$ for. Scholarships are available, ask for applications.

**SCHEDULE:** Meet at church, Friday **March 3rd** at **2:30pm**, departing at **3pm**.

We'll be returning to church on Sunday **March 5th** around **3pm**, depending on traffic.

**QUESTIONS/INFO:** [chris@ccsantee.com](mailto:chris@ccsantee.com) • (619) 342-6488





# CHECKLIST & SCHEDULE (Keep this page)

## Departing:

---

**Friday March 3rd:** Meet at the church parking lot at 1:30pm for check in. We will be departing promptly at 2pm.

## Returning:

---

**Sunday March 5th:** We'll be returning to the church parking lot around 3pm, depending on traffic. We will have kids call when we are close.

## What to Bring:

---

(There is limited space, so pack light and only bring what you absolutely need)

### Study Tools:

- Bible, Notebook, Pen

### Toiletries:

- Toothbrush & Toothpaste
- Shampoo & Soap
- Deodorant
- Wash Cloth
- A Towel

### Bedding:

- Sleeping Bag
- 1 Pillow

### Clothing: (there may be snow)

- Warm Clothes
- Athletic Shoes
- Sweat Shirt & Jacket
- Extra socks
- Warm Pajamas

### Other things:

- Gloves
- Small Flashlight
- \$ for lunch on Sunday

## What Not to Bring:

---

- Ipods/MP3 players
- PSP's, Nintendo DS, etc...
- Laptops
- Any unnecessary items. Don't set yourself up to be distracted!

\* Cell phones are allowed but required to be off during all sessions and workshops (no electronic Bibles).

## Optional:

---

- Snow Boots
- Hat
- Snacks for the drive
- Some extra spending \$

## CONTACT INFO

### Pastor:

---

Pastor Chris: (619) 342-6488  
Church: (619) 258-1946

### Camp Ground:

---

Idyllwild Pines Camp, 26375 HWY 243  
Idyllwild, CA 92549

(951) 659-2605 • [www.idyllwildpines.org](http://www.idyllwildpines.org)

# Youth Camp Permission Form

## Calvary Chapel Santee

10920 Summit Ave.  
Santee, CA 92071  
619-258-1946

---

Youth Winter Camp 2017	3/3/17 - 3/5/17	\$130
Name of Sponsored Activity / Event	Begin Date - End Date	Cost

---

### STUDENT INFORMATION:

---

Name of Student	Birth Date	Grade	T-Shirt Size (standard adult tee, S — XXL)
Address: _____	City: _____	Zip: _____	
Home Phone: _____	Student Cell: _____		
Father's Cell: _____	Mother's Cell: _____		
Parent Email: _____ (Primary Email)	Student Email: _____		

### EMERGENCY & MEDICAL INFORMATION:

---

Emergency Contact Name	Phone	Relation to student
Allergies? _____ (If yes, please list)	Taking Medication? _____ (If yes, please list)	
Are there any restrictions we should know of? _____		
Health Ins. Carrier: _____	Policy Number: _____	
Physician Name: _____	Phone: _____	

---

I, the undersigned parent, give authorization and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered as necessary by a qualified member of the medical staff of a licensed hospital. It is understood that all efforts will be made to contact me prior to rendering treatment, but treatment will not be withheld if I cannot be reached. I will not hold Calvary Chapel Santee or its employees, officers or agents responsible in the case of any accidents.

---

Parent (or guardian) Name	Parent (or guardian) Signature	Date
---------------------------	--------------------------------	------

**RELEASE OF LIABILITY:**

I, THE UNDERSIGNED, AND I AM AWARE THAT DURING THE CALVARY CHAPEL SANTEE PRACTICUM, certain risks and dangers may occur which are out of the control of Calvary Chapel Santee and/or its organizers. As part of participating in said practicum, I have and do hereby assume all the risks and will hold Calvary Chapel Santee and its affiliates, workers and employees harmless from any liability, actions, suits, legal or otherwise.

UNDER NO CIRCUMSTANCES will Calvary Chapel Santee and/or its organizers be held responsible for:

1. Illness, death, accidents or injury;
2. Delays, personal injury, property damage or any loss resulting from so-called "Acts of God", act of public enemies, arrest or restraint of any government, seizure under legal process, quarantines, restrictions, riots, civil commotions, strikes, war hazards or terrorist activities;
3. Loss of personal property, possessions or monies;
4. Any act of neglect of any person or company whose services are trained by Calvary Chapel Santee for the benefit of our practicum;
5. Any deviation, delay or curtailment of any kind which is beyond the control of Calvary Chapel Santee/
6. Additional expenses, if incurred under any of the above circumstances, are the responsibility of the participant (yourself.)

I hereby also acknowledge the fact that Calvary Chapel Santee and any of its workers, servants, volunteers, and/or employees have the right to terminate participation my son/daughter in this practicum at any time, because of health, unwarranted conduct, or any other reason they deem harmful or detrimental to the group as a whole.

---

Parent (or guardian) Name

---

Parent (or guardian) Signature

---

Date

**(Return this form to the Bookstore with payment)**



## Participant Release of Liability Agreement

**Name of Participant:** (Print clearly) \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

In consideration for permitting participation in Idyllwild Pines Camp and Conference Center sponsored courses and activities, I, as the legal guardian for myself or on behalf of the minor participant, hereby represent, acknowledge and agree as follows:

### **Acknowledgement and Assumption of Risks:**

It is acknowledged that there are certain risks and dangers in participating in activities conducted in either indoor or the outdoor setting, which cannot be eliminated without destroying the unique character of the activities. Exposure to natural elements such as extreme or inclement weather cannot be controlled and may be harmful. Injuries can occur from natural hazards including, wild animals, insects, reptiles, toxic plants, loose or falling rocks, sharp rock edges, wood splinters, falling trees, steep slopes, rugged terrain, flooding, ice and snow.

Individuals who participate in any camp activity or are using the challenge course will climb high rock walls, trees, ropes and wires, while attached to a rope protection system and wearing a helmet. While participating in these activities, the participant may slip or fall, which can lead to minor injuries or in extreme cases, more serious injuries, including permanent disability, trauma or death. The participant could experience vertigo or other mental impairment brought on by exposure to heights or fear of falling.

It is acknowledged that decisions made by the instructors and participants in a wilderness setting, based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgments. Lapses of judgment or the careless conduct of other participants may cause the participant injury.

### **Release and Indemnity:**

I hereby release, hold harmless and agree not to sue Idyllwild Pines, employees, representatives, volunteers, agents and contractors. With respect to any and all claims of injury, disability, death or other liabilities and loss of damage to person or property, asserted by or on behalf of participant or by parents or guardians, resulting directly or indirectly, from participating in activities or the use of its equipment or facilities.

This release includes injury, loss or damage caused or claimed to be caused in whole or in part by the negligence of Idyllwild Pines and its agents. It is understood that in signing this document, rights are surrendered to make any claim or file a lawsuit against Idyllwild Pines and/or agents for personal injury, property damage, wrongful death, breach of warranty or contract, or under any other legal theory, except in cases in intentional wrongs or the gross negligence of Idyllwild Pines and/or its agents.

This release shall be binding to the fullest extent permitted by law. If any provision of this agreement is found to be unenforceable, the remaining terms shall be enforceable. This agreement will be interpreted and construed according to the laws of the State of California, and in the event of any legal action relating to this agreement or any of the subject matter covered by it, such legal action will be initiated, maintained and decided only in Riverside County.

The participant, and the parent(s) or guardian of a minor participant, have each read this document and understand and voluntarily agree to it terms, which shall be binding upon them, their heirs, estate, executors and administrators. The parent or guardian confirms that they have the authority to make this commitment.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES**

26375 STATE HWY 243 P.O. BOX 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG



**Photo and Video Release**

I give Idyllwild Pines Camp permission for any photos or videos taken of myself/child for the duration of the stay to be used at Idyllwild Pines camp's discretion in any of their promotional venues.

Signature of Parent/Guardian \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**EXPERIENCING RENEWAL | DISCOVERING TRUTH | TRANSFORMING LIVES**

26375 STATE HWY 243 P.O. BOX 425 IDYLLWILD CA 92549 PHONE: 951-659-2605 EMAIL: INFO@IDYLLWILDPINES.COM WWW.IDYLLWILDPINES.ORG