

WINTER RETREAT

2 0 2 0

MARCH 6TH - 8TH

MILE HIGH PINES CAMP
JR. HIGH & HIGH SCHOOL

For more info:

ccsantee.com/events • chris@ccsantee.com • (619) 258-1946

DETAILS

HELLO PARENTS AND YOUTH

Winter Retreat 2020 is coming up on March 6th-8th. We will be joining Calvary Chapel Big Bear and Hosanna City Church at Mile High Pines Camp.

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. There will be great worship, teaching sessions, workshops and fun activities.

WHERE WE'LL BE:

We will be staying at Mile High Pines Camp in Angelus Oaks California, (off HWY 38, about 2:20 hours from Santee).

WHAT YOU NEED TO KNOW:

SIGN UP: All Permission Slips and money are due to the bookstore by Wednesday **Feb. 19th.**

NOTE: There are limited spaces available, your spot is not guaranteed until your permission slips and money are turned in.

COST: \$120, Includes transportation, dorms, t-shirt, all meals (Friday dinner - Sunday breakfast)

\$15, Rec. Package optional (rock climbing, zipline, leap of faith, and obstacle challenge)

Some scholarships are available, ask for applications.

Some additional costs: Lunch on the drive home (\$5-\$10), money for the snack bar.

SCHEDULE: Meet at church, Friday **March 6th** at **2:30pm**, departing at **3pm**.

We'll be returning to church on Sunday **March 8th** around **2pm**.

QUESTIONS: chris@ccsantee.com • (619) 342-6488

Youth Winter Retreat Permission Forms

Calvary Chapel Santee

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

Hosanna City Church

35688 Cathedral Canyon
Cathedral City, CA 92234
760-327-1451

Calvary Chapel Big Bear

713 Srocker Rd.
Big Bear Lake, CA. 92315
(909) 866- 9328

Name of Church: Calvary Chapel Santee

Youth Winter Retreat 2020

3/6/2020 - 3/8/2020

\$120 or \$135 (with rec package)

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/Hosanna City Church/Calvary Chapel Big Bear 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, AM AWARE THAT DURING THE CALVARY CHAPEL SANTEE/HOSANNA CITY CHURCH/CALVARY CHAPEL BIG BEAR event, certain risks and dangers may occur which are out of the control of Calvary Chapel Santee/Hosanna City Church 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/Hosanna City Church and its affiliates, workers and employees harmless from any liability, actions, suits, legal or otherwise.

UNDER NO CIRCUMSTANCES will Calvary Chapel Santee/Hosanna City Church/Calvary Chapel Big Bear 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/Hosanna City Church/The Christian Center for the benefit of our practicum;
5. Any deviation, delay or curtailment of any kind which is beyond the control of Calvary Chapel Santee/Hosanna City Church.
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/Hosanna City Church/Calvary Chapel Big Bear 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 - PRINT

Today's Date

Parent (or guardian) Signature



STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING

This form is to be completed by **ALL** individuals under 18 years of age who are attending camp!

GENERAL RELEASE WAIVER

The undersigned, or on behalf of said minor, has asked Mile High Pines Camp (hereinafter "MHP") to be allowed to participate in activities offered at MHP. Activities may include but are not limited to: archery, rock climbing, low ropes, gaga ball, sports, hiking, Zipline, kayak or canoeing, swimming. The undersigned acknowledges that the activities involve physical exertion and other risks; is aware of the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any staff member; Understands that it is each participants responsibility to wear any safety gear deemed necessary by MHP; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waves and releases any and all claims, demands actions, causes, of action and rights, (contingent, accrued, inchoate, or otherwise), defends and hold MHP harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorneys' fees and cost) arising out of, or in any way related to the participation in activities at MHP, whether caused by MHP's active or passive negligence or otherwise.

IMAGE RELEASE WAIVER

The undersigned also gives permission to MHP to use any photographs and video and audio of him/her, or said minor, for any promotional materials, including the MHP web site and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

MEDICAL RELEASE WAIVER

The undersigned also gives permission to the Medical Monitor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes. They may also give information as necessary to all those who may be in care of the student or adult at camp.

***Please complete the next page...**

STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (2 of 4)

EMERGENCY CONTACT INFO

Camper's Name: _____ Birthdate (mo./day/yr.): _____

Gender: Male Female Age at Date of Attendance: _____

School: _____ Dates Attending Camp: _____

Primary Emergency Contact: Mr. Mrs. Ms. Dr. _____

Relationship to the minor: _____ Day Phone: _____

Evening Phone: _____ Email: _____

Address: _____

City/State/ZIP: _____

Secondary Emergency Contact: Mr. Mrs. Ms. Dr. _____

Relationship to the minor: _____ Day Phone: _____

Evening Phone: _____ Email: _____

Address: _____

City/State/ZIP: _____

Health Information

1. Does your child have any physical limitations? If so, please describe:

2. Is your child taking any medicine with him / her to camp? NO YES

(if yes complete medication form, medication includes prescribed medication, over-the-counter medication, and vitamins.)

3. List any physical conditions or difficulties that your child has, and give specific instructions for care.

(include health conditions such as diabetes, epilepsy, any other continuing conditions, bedwetting, sleepwalking, car sickness, etc.)

***Please complete the next page...**

STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (3 of 4)

4. Please list all dietary considerations:

☐ Severe Allergy to Peanuts (airborne)* ☐ Moderate allergy to peanuts (ingested) ☐ Mild allergy to peanuts
☐ Vegan* ☐ Vegetarian ☐ Gluten-Free
☐ Strawberry Allergy ☐ Shellfish allergy ☐ Soy Allergy*
☐ Severely Lactose intolerant (cannot ingest dairy of any kind)
☐ Moderately Lactose intolerant (ingests dairy with medication)
☐ Mildly Lactose intolerant (can have limited amounts of dairy)
☐ Other: _____
☐ Other: _____

*Please note that we cannot provide for all allergies in entirety. We strive to keep a nut-free main menu, however, some of the products we uses are manufactured in a factory that also manufactures nut products. Vegans and person(s) with soy allergies should bring additional snacks which we can keep in the main kitchen and students can eat during scheduled meals. It is the parent or guardians responsibility to ensure that the school has notified CODES of their child's dietary restrictions at least 1 month prior to arrival.

5. Approximate date of last tetanus booster _____. It is advised that for camp the child's last tetanus booster be within the past 10 years, or the period of time advised by your physician.

6. Date of latest physical examination: _____

7. To protect your child from possible embarrassment, but not to exclude him / her from the program, the following information is needed:

1. Do you consider your child to be in good health generally? YES NO
2. Please check below if your child is or has suffered from the following:

<input type="checkbox"/> Allergy	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Child wears glasses or contact lenses
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hernia (Rupture)	<input type="checkbox"/> Eye Trouble
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Menstrual Cramps	<input type="checkbox"/> Any other serious illness or operations
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Stomach Aches	<input type="checkbox"/> Child has been exposed to someone with a communicable disease	

Please explain any items checked: _____

Please complete and sign on next page...

STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (4 of 4)

8. Will your child have a birthday during their camp stay? Yes / No Day: _____

9. Is there anything else you would like use to know about your child?

Please note any health problems your child may have experienced in the month prior to attending CODES School. Include flu, colds, asthma attacks, lice infestations, homesickness at a sleep-over, and the like:

NOTE: If the child has severe anaphylactic shock reaction to wasp or bee stings, please send 2 epinephrine kits with the child — one for the student and one for the camp's medical monitor. Both kits will be returned if unused.

I understand that should my child be sent home because of illness, injury, disciplinary, or other reason, no amount of the fees paid to Mile High Pines for my child to attend CODES School shall be refunded if my child did not withdraw from the program at least 2 weeks in advance of the camp start date.

I understand that my child cannot attend camp if his or her primary residence is currently infested lice or any other spreadable pest or if my child is recovering from an infectious disease or illness. I further understand that if my child becomes ill or suffers from these incidents as a result from another student unknowingly or knowingly bringing pests or infections to camp CODES and Mile High Pines is not liable.

With the understanding that a certified teacher will be on site and available, I give permission for my child to attend C.O.D.E.S. School at Mile High Pines and to participate in the activities involved. Further, I give my permission for the camp director or designated camp staff to obtain qualified medical / surgical assistance in case of accident / illness to my child with the understanding that I will be contacted as soon as possibly if any emergency medical / surgical attention is necessary.

Parent/Guardian Signature _____ Date _____



Please put Medication and this Form in a Clear Ziploc Bag and give it to your Teacher or School Health Clerk.

STUDENT INFORMATION		DOCTOR'S SECTION (Dr. Signature is ONLY required IF Prescription Label does not match parent instructions here.)	
Students Name:		Doctor's Name:	
School Name:		Doctor's Phone:	
Date of Camp:		Doctor's Stamp or Address:	
Parent/Guardian Name:			
Relationship to Student:			
Phone Number			

B. Signing this form gives permission for camp medical monitor, director, responding staff or your child's teacher to assist in carrying out the instructions or providing medical care.

MEDICATION INFORMATION WE REQUEST THAT ONLY ESSENTIAL MEDICINE BE SENT TO CAMP (Please do not send vitamins, essential oils, or Tylenol.

[illegible]

MEDICATION FORM 2 of 2

C. Medication in a bottle from a pharmacy labeled with the child's name, dosage, and generic name of the drug. All over the counter medication sent to outdoor science school must be labeled with the child's name, the medication name and dosage, as well as times to be given. No unlabeled medication can be administered. Loose medication (without packaging) will not be administered.

II. Education Code 49480 gives the camp and school medic with parent consent, permission to communicate with the physician and counsel with the science school personnel regarding possible effects of medication.

III. Please sign below. Your signature indicates your consent as required in the above Education Code Sections 499423 and 49480

My child has my permission to take the medications to camp (indicated below) and for the camp first aid personnel, director or teacher to assist and/or allow my child to take the medication as indicated for:

The camp first aid personnel/director/or teacher may give pain relievers to your child for minor illness complaints only with your signed consent. They may apply calamine lotion, or equivalent, for plant-related rash reactions. In cases where accident or illness complaints indicate, medical care will be obtained from a qualified medical personnel.

Some children may have prescribed medication to take while in residence at the camp. State laws E.C. 49423 and 49480 are quite specific in stating that the school personnel must be given instruction as to method, amount, frequency, and condition for which it is indicated. Medication must be given to the teacher the day the student goes to camp. This form must be turned in with medication.

I give the permission for the school teacher/camp director/first aid personnel to give my child the following in the case of illness.

Parent/Guardian Signature

Date

CHECKLIST & SCHEDULE (Keep this page)

Departing:

Friday March 6th: Meet at the church parking lot at 2:30pm for check in. We will be departing promptly at 3pm.

Returning:

Sunday March 8th: We'll be returning to the church parking lot around 2pm. 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!

Optional:

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

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

CONTACT INFO

Pastor:

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

Camp Ground:

Mile High Pines Camp
42739 HWY 38, Angelus Oaks, CA 92305
(909) 794-2824 • milehighpines.com