

High School Spring Retreat



2018

THE HOLY SPIRIT



CAMP BUCKNER

Information/Registration Packet

1. WHAT IS THE PURPOSE?

The purpose of the retreat is to gather students and leaders together to draw closer to Christ through the study of God's Word, singing of songs, any enjoyment of Christian fellowship. It is an opportunity for students to grow in their faith and in their understanding of the Holy Spirit.

2. WHAT IS THE THEME?

The theme this year is "The Holy Spirit."

3. WHEN AND WHERE IS THE RETREAT?

March 15 - 17 (Thursday - Saturday).
Camp Buckner, 3835 FM 2342,
Burnet, TX 78611. (512) 756-7540

4. HOW MUCH DOES IT COST?

\$100 per student. Pay by check or cash. Make checks payable to High Pointe Baptist Church and put in the memo "Spring Retreat." All lodging, meals (while at the camp), travel, and activities are included in this cost.

5. GRADES?

9th - 12th grade students. HIGH SCHOOL ONLY.

6. WHERE DO I DROP MY STUDENT OFF?

Students must arrive at the church building on Thursday, March 15th at 12:30pm. (We will NOT provide lunch that day.) We will arrive back at the church building on Saturday, March 17th around 11:30am. (We will NOT provide lunch that day. See Schedule)

7. HOW DO I REGISTER?

You can register and pay at the Resource Center in the front foyer after Sunday morning service or on Wednesday nights at Resolved Student Ministry Gathering.

8. WHAT FORMS DO I NEED?

There are four forms that need to be filled out and return prior to leaving: *Medical Release*, *Parent Consent*, *Buckner's Indemnification Form*, *Ropes Release Form*.

9. LEADERS?

Are leaders this year are Marshall Canales, Maeghan Bell, Kevin Washington, and Jordan Washington. These leaders are responsible for guiding small group discussions, supervising the students, and driving the students to and from Camp Buckner.

If you have any questions, please feel free to contact our Pastoral Assistant over Student Ministry: Marshall Canales, marshall@highpointeaustin.org, 512.837.7725

WEEKEND SCHEDULE

Thursday, March 15

12:30pm	Check-in at High Pointe
1:30pm	Leave for Camp Buckner
3:00pm	Arrive at Camp Buckner, Begin Unpacking and Settling In
4:00pm	Welcome and Introduction
4:30pm	Free Time
6:00pm	Dinner
7:00pm	Session 1
8:00pm	Small Groups
8:45pm	Movie Night
10:45pm	Free Time/Get Ready for Bed
11:15pm	Lights Out

Friday, March 16

7:15am	Wake Up and Get Ready
8:00am	Breakfast
9:00am	Devotions
10:00am	Session 2
11:15am	Small Groups
12:00pm	Lunch
1:00pm	Group Games
2:30pm	Free Time / Recreation Time
6:00pm	Dinner
7:00pm	Session 3
8:15pm	Small Groups
9:00pm	Hayride and Campfire
10:30pm	Free Time/Get Ready for Bed
11:15pm	Lights Out

Saturday, March 17

7:15am	Wake Up and Get Ready
8:00am	Breakfast
9:00am	Closing Session
9:30am	Clean Up and Pack Up
10:00am	Leave for High Pointe
11:30am	Arrive at High Pointe

WHAT TO BRING

- Bible
- Pen
- Notebook
- Sleeping Bag/Blankets/Pillows (PLEASE NOTE: WE WILL BE IN CABINS WITH BUNK BEDS, SO BEDDING IS NOT PROVIDED)
- Washcloth/Towel
- Toiletries (tooth brush, tooth paste, deodorant [please!], shampoo, soap, etc...)
- Enough clothes for three days (both for meetings and recreation times)
 - o This includes tennis shoes. And possibly a light jacket for evening times outside.
- A good attitude!

WHAT NOT TO BRING

- A bad attitude.
- Drugs, Alcohol, Tobacco, etc.
- Knives or weapons of any sort.

Parent/Guardian Consent Form

I, _____, am the parent or legal guardian of
(NAME OF PARENT OR GUARDIAN)

_____, and am informed of the activities offered by
(NAME OF MINOR)

Camp Buckner located at: **3835 FM 2342** in
(NAME OF CAMP OR ORGANIZATION) (ADDRESS)

Burnet, **TX**, beginning on the day of **03/15/2017**,
(CITY) (STATE) (START DATE)

and ending on the day of **03/17/2017**.
(END DATE)

As the parent of legal guardian of my child, I hereby consent for my child to
attend and participate in all activities provided by **Camp Buckner**.
(NAME OF CAMP OR ORGANIZATION)

(SIGNATURE OF PARENT OR GUARDIAN)

If your child will not be able to participate in the whole weekend, please indicate
what
part(s) he/she will miss:

My child is to be **excluded** from the following activities:

Please list anything else of which you would like to make the leaders of this event
aware:

High Pointe Baptist Church
Medical Authorization and Release Liability
Please type or print only

NAME _____ PHONE _____
 ADDRESS _____
 BIRTHDATE _____ PARENT/GUARDIAN _____
 IN EMERGENCY NOTIFY _____ PHONE _____
 ADDRESS _____
 INSURANCE CO _____ POLICY # _____
 FAMILY PHYSICIAN _____ PHONE _____

Check if you have or have had any of the following; use the back to give any details.

- | | | |
|--|---|---|
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Frequent Earaches |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Frequent Sore Throat |
| <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Surgery (Please explain) | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Kidney Disorder |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Hearing Problems |

Last Tetanus Shot _____ List any past serious injuries _____

List current medications _____

List any physical restrictions, allergies, etc. _____

IMPORTANT: If a medical emergency should arise while the above named is participating in any High Pointe Baptist Church activity, and I cannot be contacted, I hereby give permission to any sponsor of that activity to select a physician, hospital and/or clinic for his or her care. I also give the physician, hospital and/or clinic, as selected by said sponsor, my permission to hospitalize, treat and order injections to meet the needs of the above named. I will assume responsibility for any and all bills arising from said treatment(s).

In consideration of the permission extended to the above named to participate in the activities of High Pointe Baptist Church, I hereby release and hold harmless all employees, staff members and sponsors of High Pointe Baptist Church of and from any and all manner of action and causes of actions, judgments, executions, debts, claims and demands of every kind and nature whatsoever which against them I have had or now have of which I or my heirs, executors or administrators have now or may hereafter hand by reason of the above named participation in High Pointe Baptist Church activities, as well as any other operations incident thereto. I do not hold High Pointe Baptist Church responsible for any liability issues. By signing today, I declare that the information provided is accurate, and the terms of the herein release have been completely read, and are fully understood and voluntarily accepted.

SIGNATURE _____ RELATIONSHIP _____

DATE _____ DAYTIME PHONE _____

**Camp Buckner Hill Country Retreat Center
Indemnification and Release Form**

Buckner Children and Family Services, Inc., d/b/a ("Camp Buckner") requires that all participants, and parents, guardians, and managing conservators of a minor child(ren) who participate in activities while staying at Camp Buckner sign this Indemnification and Release Form.

The undersigned agree that they and their child(ren) shall be subject to the policies and procedures of Camp Buckner regarding all activities as attached and/or posted prior to participation in order to maintain the utmost level of safety for the participant.

The undersigned acknowledge and understand the following:

- 1) During Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking and General Athletic Sports, and any other activities of any kind or nature, certain risks and dangers are present.
- 2) These risks of activities may include physical and psychological damage and/or injury including fatality, due to accidents which may occur resulting from participation in such activities.

In consideration of me and/or my child's (ren's) participation and as allowed by State law, I (We) have and do hereby assume all of the risks of my and/or our child's (ren's) participation in all activities (even if a lifeguard is on duty) including, but not limited to Swimming Pool, Blob, Water Slide, Canoeing, Kayaking, Archery, Hiking, and General Athletic Sports. I (We) shall hold Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its employees, agents, directors, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands and expenses (including reasonable attorney's fees) of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which I, we and/or my child(ren) now has or which may arise from or in connection with participation in Camp Buckner's programs and activities.

In consideration of me and/or my child's(ren's) participation in all Camp Buckner activities, I (We) hereby release, waive and discharge Buckner Children and Family Services, Inc., d/b/a Camp Buckner, its officers, directors, employees and affiliates from and against any and all claims or liability for injury or events resulting in bodily injury or death to me and/or my child(ren), and whether caused by the negligence of Camp Buckner, its officers, directors, or employees, or otherwise. This release is specifically intended to be binding upon my heirs, personal representatives and next of kin.

Group name: _____

Date Signed: _____

Print Name of Participant

Signature of Participant

Print Name of Child(ren)

Print Name of Child(ren)

Print Name of:
Parent
Guardian
Managing Conservator

Signature of:
Parent
Guardian
Managing Conservator

CAMP BUCKNER HILL COUNTRY RETREAT
ROPES CHALLENGE COURSE
Assumption of Risks and Release Form

Camp Buckner requires parents of all participants to sign this Agreement to Participate, Assumption of Risk, and Release Form in order to be eligible to participate in the Program.

The undersigned acknowledges an understanding of the following:

1. The Challenge Course includes a variety of activities including warm-ups, games, group initiatives, high and low challenge course elements, and other activities.
2. Although Camp Buckner's goal is to maintain the physical, emotional and social safety of each participant in the Challenge Course Program, the physical, emotional and social risks must be assumed by each participant.
3. The level of participation in the Challenge Course Program is voluntary and "challenge by choice" prevails at all times. No participant is required to do anything that he or she does not want to do.

Certain information must be made known to the facilitators conducting the program so they are prepared to respond appropriately if the need arises. This information will be held in strict confidence. It must be provided to the Camp Buckner staff prior to participating in either the Ropes Challenge Course to maximize the safety for all.

****Please note that Camp Buckner cannot make a medical determination regarding a person's physical fitness to participate in challenge course activities. Only the participant and the participant's parents/guardian, or participant's physician can do that.*

I understand that the Camp Buckner Challenge Course program may be physically and emotionally demanding. I recognize and accept the risks involved in Camp Buckner's Challenge Course program, and I assume the risks of physical and emotional injury that could result from these activities. In consideration of the above and as allowed by State law, I have and do hereby assume all of the risks of participation in the Ropes Challenge Course and will hold Buckner Children and Family Services, Inc. dba Camp Buckner, its employees, agents, trustees, officers, and affiliates harmless from any and all liability, actions, causes of actions, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which my child now has or which may arise from or in connection with my participation in Camp Buckner's Ropes Challenge Course. I, along with my family or heirs, understand and agree that we cannot sue Buckner Children and Family Services, Inc. dba Camp Buckner, its employees, trustees, affiliates and associates, and if I do, I cannot collect any money. In addition, I will pay for Camp Buckner's attorney and court fees associated with any litigation I might bring against Camp Buckner, its employees, agents, trustees, officers, affiliates and associates. I also state that neither I am nor my child (if I am signing on behalf of my child) is under or will be under the influence of any chemical substance including alcohol, either at the time of the signing of this Agreement or at the time of participating in Ropes Challenge Course. I fully understand that my child's physical activity involves the potential risk of injury. I also understand that my child's participation in Camp Buckner's Ropes Challenge Course is entirely voluntary.

I have written on the back of this form any physical, mental, or psychological issue my child may be experiencing and which could have an impact on his/her well being during the Ropes Course activities. I give permission to the adult sponsors for my child's group to discuss in confidence with the Ropes Course Facilitator these issues and to provide information which might have a bearing on his/her suitability with regard to the activities. I understand that this information is confidential and will only be discussed in private if completely necessary.

Name of Participant (Please Print)

Signature of Participant (Parent/Legal Guardian if under 18)

Date

Name of Group