

CCA Fall Retreat 2016

August 24-26, 2016

Look Up Lodge Christian Retreat Center
Travelers Rest, SC



Fall Retreat 2016

Cost: \$179

Due Wednesday, August 10

\$90 deposit, medical form, liability waiver,
T-shirt order, permission slip

Due Thursday, August 18

\$89 balance

"Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price. Therefore honor God with your bodies." 1 Corinthians 6:19-20

Itinerary

8/23 Tuesday

Noon Worship team departs High School Campus

8/24 Wednesday

6:00am Arrive at High School Campus, Registration, Load Luggage, Prayer,

Load buses

6:30am Depart High School Campus

9:00am Stop for breakfast

11:30am Arrive Look Up Lodge

11:45am Unload and check in cabins

12:30-5:00pm Students may not return to cabin, should wear swim suit under clothes

12:30pm Lunch

1:30pm Camp activity #1 Team building /Low ropes - led by camp staff

3:00-5:00pm Swim time & lake activities- one piece or two piece with tee shirt required for girls

5:00-6:00pm Free time (NO SWIMMING) Camp store - spending money optional

6:30pm Dinner

7:55 pm Session #1 I Am Joyful /Speaker: Lee Campbell

CCA Worship Team, MC: Woody Holyfield, Announcements: Nikki Brooks

9:30pm Session #1 Small group meetings

10:15pm Movie

12:15am Back to cabins

12:30am Lights out

8/25 Thursday

8:00am Breakfast

9:00am Session #2 / "The Allen Show," CCA Worship team, Announcements: Nikki Brooks

10:30am Session #2 Small group meetings

11:15am Free time/ NO SWIMMING

12:00pm Lunch

1:00pm Camp activity #2: Field game & slopsticle mud course

3:30-4:30pm Camp Store open

3:00-5:00pm Swim time, paintball, lake activities

6:00pm: Dinner

6:45-7:30pm Camp Store/ LAST CHANCE

7:55pm Session #3 "Who I am in God" / speaker: Pastor Richard Hemphill, CCA Worship Team, Announcements: Mary Elizabeth Voyles

9:30pm Campfire/ small groups/ snack at fire

11:15 pm Midnight Basketball/ Activities

12:15pm Back to cabins

12:30pm Lights out

8/26 Friday

8:00am Breakfast

8:45am Session #4 "How people see God in me" / Speaker: Woody Holyfield, CCA Worship Team, MC: Pastor Richard, Announcements:

Nikki Brooks

10:00-11:00am Small Groups

11:00-12:00 Clean cabins, pack bring luggage to front parking lot

12:15pm Lunch

1:15 Group picture

1:30-2:15 Load luggage

2:30pm Depart Look Up Lodge

6:45pm Arrive Hobby Lobby (side parking lot) East West connector (Students should notify parents 30 minutes prior to arrival)

Small Group Leaders

CCA Worship team: Andrew Baxter (boys), Christy Lane (girls)

8th/9th grade boys: Lawrence Davis, Andy Merl

10th/11th grade boys: Daniel Jones, Isreal Ramos

12th grade boys: Gary Oxendine, Alex Ayres

8th/9th grade girls: Mary Elizabeth Voyles, Lindsey Ramos

10th / 11th grade girls: Kelly Thompson, Shelly Chittam

12th grade girls: Kelly Jones, Nikki Brooks

Director: Woody Holyfield

Assistant Camp Director: Nikki Brooks

Trip Coordinator: Mitzi Harding

Clergy: Pastor Richard Hemphill,
Pastor Lee Campbell

Worship Coordinator: Tim Hemphill

Chaperones:

Lawrence Davis

Wes Harding

Daniel Jones

Kelly Jones

Christy Lane

Andy Merl

Gary Oxendine

Israel Ramos

Lindsey Ramos

Kelly Thompson

Mary Elizabeth Voyles

Gary Williams

Packing List:

Water bottle

Bible, pen & notebook

Gift shop money

Camera

Pillow & bedding (twin sheets & blanket or sleeping bag)

Bath towel and beach towel

Toiletries (shampoo, toothbrush, deodorant, etc.)

Medication (must be in origin Rx bottle with correct name)

One set disposable clothes for mud pit

Flashlight

Insect repellent

Sunscreen

Pajamas

Shorts (mid-thigh or longer)

Christian T-shirts

Long pants

Sweatshirt or jacket

Tennis shoes

Plastic bag (for wet/soiled clothes)

2016 Retreat Registration

Please return this form, medical form, and medical liability waiver with a deposit check for \$90 made out to CCA to Mitzi Harding or Cathy Chambers by Wednesday, Aug. 10, 2016. If you are paying by cash, students must get a receipt from the front desk at the high school; receipt must be signed by Lynda Wheeler, Reneé Oxendine, or Cathy Chambers. CCA will not be responsible for lost monies turned in without a written receipt.

Student's Name: _____ Parent's Name: _____

Phone Number: _____ Email: _____

I give my student permission to travel by bus or staff vehicle on the CCA 8-12th Grade Retreat.
I understand every precaution will be taken to insure a safe trip. In the event of an accident I will not hold CCA or individual chaperones responsible.

Parent's Signature: _____ Date: _____

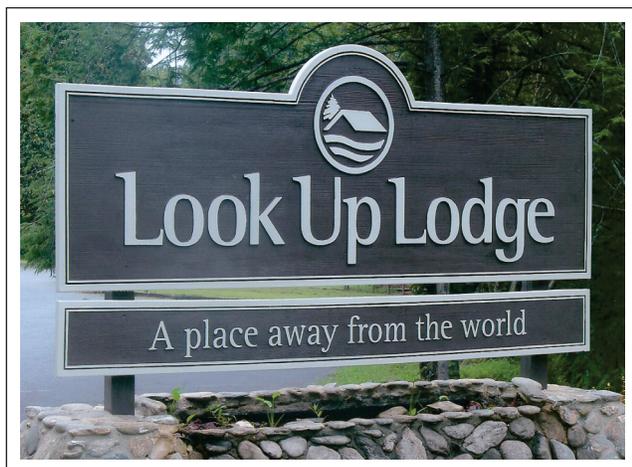
- _____ I have enclosed my deposit check made out to CCA for \$90 (non-refundable).
2nd payment of \$89 due on Thursday, Aug. 18, 2016
A \$10 late fee will be added to all payments received after August 18. A PROCESSING FEE OF \$25 WILL BE ADDED IF PAYING THE DAY OF DEPARTURE.
- _____ I would like go on the trip myself if space is available (\$209 per parent).
- _____ Please have Mrs. Harding contact me ASAP; my student may go but we need financial assistance.

Medical Concerns:

- _____ I give CCA permission to dispense over the counter medicines to my student as needed.
- _____ My student has special medical concerns and instructions listed below:

T-shirt size (circle one): Price for shirt is included in price of retreat.

Adult sizes - Small Medium Large XLarge XXXLarge





2016-2017 Fall Retreat Medical Form

STUDENT MEDICAL/EMERGENCY CONTACT/PICK-UP AUTHORIZATION

It is the parent/guardian's responsibility to inform CCA in writing, regarding any changes of information regarding this student during the school year. Unless otherwise instructed, the parents/guardians are our first emergency contacts.

STUDENT NAME: _____
Last First

PEDIATRICIAN/FAMILY DOCTOR: _____
NAME PHONE #

DENTIST/ORTHODONTIST: _____
NAME PHONE #

PLEASE LIST ALL MEDICATION STUDENT TAKES ON A REGULAR BASIS THAT WE SHOULD BE AWARE OF:

MEDICATION	DOSAGE	REASON

ALL MEDICAL CONDITIONS TO BE AWARE OF: _____

ALL ALLERGIES (MEDICATIONS, FOOD, PLANTS, INSECTS, ETC.) _____

I GIVE PERMISSION FOR THE FOLLOWING OVER-THE-COUNTER MEDICATIONS TO BE ADMINISTERED TO MY CHILD FOR SIMPLE AILMENTS:
(PLEASE CHECK ALL THAT APPLY) ACETAMINOPHEN IBUPROFEN ANTACID

In the event that the Parent(s)/Legal Guardian cannot be reached, please provide additional

EMERGENCY CONTACTS

NAME	RELATIONSHIP	HOME PHONE	CELL PHONE

In the event I cannot be reached in an emergency, I hereby grant permission to the physician selected by the school to hospitalize, obtain medical records, secure proper treatment for and order injection, anesthesia or surgery for my child/ward if necessary. I understand that all health expenses will be the responsibility of the parent/guardian.

SIGNATURE

DATE

Medications

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last during entire stay at Look Up Lodge. Keep medication in original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

____ Guest takes NO medications on a routine basis ____ Guest takes medications as follows:

Med# 1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med# 2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Please attach additional pages for any other medications taken in the last 6 months.

Look Up Lodge does not gather or administer guest medications. These as well as dietary restrictions are the responsibility of the group leader. Group Leader must be aware of these meds/restrictions. ____ **Initial Here**

Please read carefully. This section must be signed in order for guest to attend.

Guest/Parent/Guardian Agreement & Liability Release

Liability Release

It is expressly desired that guest described herein be an active participant in the activities of their retreat session. Guest is believed to be in satisfactory health and free from communicable disease. **Any participation limitations (i.e. food, drink, activities) must be communicated to and are the responsibility of the group leader, NOT Look Up Lodge staff.** It is understood that there are certain risks involved in the nature of retreat activities. It is understood and agreed that Look Up Lodge shall not be responsible or legally liable for any losses of personal property or for any bodily injuries (or the results thereof) incurred and suffered by guest in connection with their retreat session, unless such loss or injury results directly from the negligent or willful act of any Look Up Lodge staff acting within the scope of their employment.

Medical Release

In the event I (guest or parent/guardian of guest under 18) cannot be reached or am rendered unconscious, I hereby give permission to the physician selected by _____ (group leader) to hospitalize, secure proper treatment for, order injections, anesthesia and/or surgery for myself/my child in case of an emergency.

Photo Release

By signing consent form, I (guest or parent/guardian of guest under 18) am giving Look Up Lodge permission for any photos or videos taken of myself/my child for the duration of my/my child's stay to be used at Look Up Lodge's discretion in any of their promotional venues.

Mailing List Release

I (guest or parent/guardian of guest under 18) give Look Up Lodge permission to add me to their mailing list.

Parental Agreement (if guest is under 18)

I give my child permission to attend this retreat session at Look Up Lodge and participate in all camp related activities.

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Signature of Guest (or parent/guardian of guest under 18) _____

Printed Name _____ Relationship _____ Date _____

Email address _____ (personal)

Email address _____ (office)

Thank You For Choosing Look Up Lodge!