

# Horizon: June 19-24

# Bonclarken Retreats Registration

# Quest: June 12-17

2017

Camp:  HORIZON  
(High School)

QUEST  
(Middle School)

This area for church use only.

Notes:

CAMPER Name (PRINT): \_\_\_\_\_

or

COUNSELOR Name (PRINT): \_\_\_\_\_

Camper Fees:	Horizon By 5/10	Quest By 5/10
Registration*	\$115.00	\$115.00
Housing	\$147.50	\$147.50
Meals**	\$85.75	\$91.50
Bus Transportation & Tip	\$150.00	\$150.00
<b>TOTAL</b>	<b>\$498.25</b>	<b>\$504.00</b>

[Make checks out to First Presbyterian Church]

Free T-Shirt comes with May 10th Registration

Size (Circle One, Adult sizes):      S      M      L      XL      XXL

### Transportation

I need a ride (Circle One):      Up      Back      Both Ways      None

(One - or both-ways, the charge is the same)

	Date	Payments Ck No.	Amount
Registration			
Balance			
Scholarship			
Total:			
Balance Owed:			

  

Rec'd /Complete	<input type="checkbox"/>	Releases	<input type="checkbox"/>
		Medical	<input type="checkbox"/>
		Activity	<input type="checkbox"/>

**SCHOLARSHIPS:** A limited amount of scholarship funds are available. If you wish to apply for scholarship funds, please submit your request to Micah Burkin on or before **Wednesday, April 30**.

\*Registration fee of \$115 is non-refundable; includes free t-shirt if registered by May 10.

\*\*One meal for Horizon campers provided by Erskine College.

**Balance due May 31.**

Campers and Counselors need to bring money for four travel meals (two each way), snacks and any extra spending money.

ORIGINALS

A WEEK-LONG CONFERENCE FOR HIGH SCHOOL AND MIDDLE SCHOOL STUDENTS

# Horizon & Quest



## Quest

June 12-17



## Horizon

June 19-24



**Christian Education Ministries**  
HELPING CHRISTIANS GROW

### BRANDON AUTEN BAND

CROSSINGS COMMUNITY CHURCH | COLUMBIA, SC



## PACKING LIST

- Modest clothes (see Dress Code)
- Sleeping bag/sheets, pillow, towel and washcloth
- Soap, shampoo, toothpaste, etc.
- Bible and pen
- One set of old clothes for the Sludge War
- Extra pair of old, closed-toe shoes

### Optional:

- Long pants, tennis shoes/boots, long-sleeved shirt, flashlight (for caving)
- long pants, extra layers of clothing, lace up shoes (for paintball)
- lace up shoes (for ropes activities)
- 100% cotton clothes (for tie dye)

### Do not bring:

- Tobacco, firearms/weapons, alcohol

## GENERAL RULES

- Students are expected to attend all scheduled activities.
- No personal electronics should be used during scheduled activities.
- Students are not to leave their place of residence after "Lights out!"
- Male and female students are not to be alone with one another (no making "purple").
- Profanity, hurtful practical jokes, and disrespect of others are prohibited.
- Personal cleanliness is encouraged.

## DRESS CODE

In order to promote respect for ourselves and for the opposite sex, clear guidelines with regards to dress have been established for summer conferences. Please review these guidelines as you prepare for the conference and pack accordingly.

- Shirts should touch the waistline of shorts/pants/skirts and should cover the stomach and back. Furthermore, shorts should not be tight or low cut. There should be no exposure of cleavage or under-garments (this includes boxer shorts).
- Bathing suits must be modest.
- Shorts/skirts should be no shorter than fingertip length (ex. When a person is standing up straight with the arms hanging straight down, their fingertips should be touching their shorts/skirts).
- Clothing should not display sexually suggestive or offensive pictures or words.
- Modesty is the key! Respect the conference staff's decisions concerning the appropriateness of your attire.

*"Or do you not know that your body is a temple of the Holy Spirit within you, whom you have from God? You are not your own, for you were bought with a price. So glorify God in your body."*

*- 1 Corinthians 6:19-20 -*

*"But among you there must not be even a hint of sexual immorality, or of any kind of impurity, or of greed, because these are improper for God's holy people."*

*- Ephesians 5:3 -*

## Cell Phone Policy

Heading to Bonclarken conference center every summer for camp is a wonderful time for our students. It's so special as students can 'get away', make memories, build relationships and most importantly be in an environment that is all gospel oriented. Coming straight from Bonclarken's website: "Unlike typical conference centers, Bonclarken provides a Christian environment that will put a meaningful distance between you and the world's distractions so you can better connect with God."

We want your camper to get the most of camp and this amazing experience, which is why we would like to ask for your support in making this a reality. As Bonclarken strives to create a place without the world's distractions, we think it is really only possible without cell phones. One could say a teenagers 'world' is on their phone and a huge distraction of what is going on around them. Of course, we realize this will not be the most popular thing to do, but we think the more students are away from their phones, the more they will realize how nice it actually is to be away from it for a week.

As the bus ride up the camp is twelve hours, we will allow students to have their phones on the bus. Once we get to camp, we will give each student a zip lock bag with their name for them to put their phone in. Then the leaders will gather all the phones and lock them up. Once camp is over and we are headed back home, we will then return the phones to the students.

Of course, the immediate concern for how to reach your camper during camp arises. We will create a list with the numbers and names of all adult counselors that will be attending camp a few weeks ahead of time and make available to you as parents.

We will have our phones on us at all times in case of an emergency. You may call or text us at any moment you find it necessary to do so. We will be more than happy to answer questions or get you in touch with your camper. If campers would like to reach you as a parent or guardian, we will also make our phones available for them to do so.

Please sign below stating you are supporting our decision and allow us to hold onto your student's phone through our week at camp. In the case students turn in a fake phone and we see them with their actual phone during camp, we will take it up and hold onto it until we get back to Lake Wales. They will not get it back for the return trip.

\_\_\_\_\_  
Parent/guardian Signature

\_\_\_\_\_  
Parent/guardian Printed name

\_\_\_\_\_  
Date

Thank you so much. Please let me know if you have any questions or concerns!

Micah Burklin  
Director of Youth  
863-258-4521  
[micah@fpclw.org](mailto:micah@fpclw.org)

# Release to Photograph Form

Please fill out this form in its entirety and bring it with you to the event.

I hereby give permission for photographs and/or video footage of \_\_\_\_\_ to be used for camp promotional purposes through camp brochures, Christian Education Ministries official photos, newspapers, television footage, or the Christian Education Ministries website. I understand that at no time will the person named above's picture be identified by name on the Christian Education Ministries website.

I do understand that the staff of Christian Education Ministries and the conferences staff will make every effort to see that the safety and privacy of the person named above is maintained at all times in dealing with the media in the camp setting.

- I have read and agree to the terms and conditions above.
- I do not give permission for photographs and/or video footage of the person named above to be used for promotional purposes.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Parent's signature if above named person is a minor

\_\_\_\_\_  
Date



# Medical & Liability Release for Students

Make a copy of this form and turn it in to Christian Education Ministries upon arrival at the event. Please keep the original form with you at all times during the event..

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Church: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Emergency Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Insurance Co. : \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any medical conditions/problems or allergies, continuing on back of form if necessary.

\_\_\_\_\_

**Medical Policy:** In case of medical emergency, I understand every effort will be made to contact my next of kin. In the event he/she cannot be reached, I hereby give permission to the physician selected by the director to hospitalize and secure proper treatment for, and order injections, anesthesia or surgery for the person named above. I also affirm that the above information is both complete and correct.

**Liability Waiver:** In consideration of the permission granted to me by Christian Education Ministries of the Associate Reformed Presbyterian Church to participate in recreation and athletic events, including but not limited to swimming, the ropes course, the climbing walls, pumper pole and Christian Education Ministries-approved off-campus activities, I hereby release and discharge Christian Education Ministries of the Associate Reformed Presbyterian Church and all other ARP agencies, their agents, employees and officers from all claims, demands, actions and judgements which the undersigned now has or may have or which the undersigned's heirs, executors, administrators or assigns may have or claim to have against Christian Education Ministries of the Associate Reformed Presbyterian Church, its successors or assigns, for all personal injuries, known and unknown, which the above-named person has or may incur by participating in the above-described activities.

I have read this release and understand all of its terms.  
I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature if above named person is a minor

Christian Education Ministries

**CHILD/YOUTH RELEASE FORM**  
**(Ages 0-17 years)**  
**FOR BONCLARKEN ACTIVITIES**

In consideration of Bonclarken Conference Center, a North Carolina nonprofit corporation, its agents, officers, directors, assigns, contractors and/or employees, providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable my child to participate in recreational activities, I agree as follows:

I, \_\_\_\_\_  
(PRINT YOUR FULL LEGAL NAME)

the undersigned, being an adult (age 18 or older), hereby agree that I am the legal guardian of

\_\_\_\_\_  
(PRINT CHILD'S FULL LEGAL NAME)

and hereby give my consent to Bonclarken Conference Center to allow my child to participate in any of the following recreational activities (the "Activities"):

- ropes course/indoor challenge elements,
- zipline,
- giant swing,
- Leap of Faith (Pamper Pole),
- caving,
- teambuilding activities,
- paintball,
- playground activities,
- swimming,
- boating,
- archery and other sports,
- use of recreational equipment related to any recreational activities, and
- transportation to and from certain activity areas as necessary

I understand and acknowledge that there are inherent risks, dangers and hazards in my child's participation in any of the Activities; (b) my child's participation in any of the Activities may result in injury, illness or loss including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or unforeseeable risks.

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my child's participation in the Activities.

I hereby waive, release, and discharge Bonclarken Conference Center from each and every claim whatsoever relating to my child's participation in any of the Activities, except for any claims that are the direct result of the active negligence of Bonclarken Conference Center.

I understand and agree that (a) the sole proper venue for any dispute in which Bonclarken Conference Center is a party and that may arise out of this Agreement, or otherwise relate to my child's participation in any of the Activities, shall be Henderson County, North Carolina;

(b) the dispute shall be decided, at the sole option of Bonclarken Conference Center, by litigation or arbitration. In the event that Bonclarken Conference Center elects litigation, the venue for any action shall be the Superior Court of Henderson County, North Carolina; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE BONCLARKEN CONFERENCE CENTER FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY CHILD'S PARTICIPATION IN ANY OF THE ACTIVITIES, EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF BONCLARKEN CONFERENCE CENTER.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Name of Group

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Today's Date

Effective 1/12/2012; Rev. 3/5/2012

# Medical & Liability Release for Leaders

Make a copy of this form and turn it in to Christian Education Ministries upon arrival at the event. Please keep the original form with you at all times during the event.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Church: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Emergency Phone Numbers: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Insurance Co. : \_\_\_\_\_ Policy #: \_\_\_\_\_

Please list any medical conditions/problems or allergies, continuing on back of form if necessary.

**Medical Policy:** In case of medical emergency, I understand every effort will be made to contact my next of kin. In the event he/she cannot be reached, I hereby give permission to the physician selected by the director to hospitalize and secure proper treatment for, and order injections, anesthesia or surgery for the person named above. I also affirm that the above information is both complete and correct.

**Liability Waiver:** In consideration of the permission granted to me by Christian Education Ministries of the Associate Reformed Presbyterian Church to participate in recreation and athletic events, including but not limited to swimming, the ropes course, the climbing walls, pumper pole and Christian Education Ministries-approved off-campus activities, I hereby release and discharge Christian Education Ministries of the Associate Reformed Presbyterian Church and all other ARP agencies, their agents, employees and officers from all claims, demands, actions and judgements which the undersigned now has or may have or which the undersigned's heirs, executors, administrators or assigns may have or claim to have against Christian Education Ministries of the Associate Reformed Presbyterian Church, its successors or assigns, for all personal injuries, known and unknown, which the above-named person has or may incur by participating in the above-described activities.

**Permission:** I hereby authorize CEM to use pictures of the person named above in promotional materials, on their web site or in the ARP Magazine.

I have read this release and understand all of its terms.  
I execute it voluntarily and with full knowledge of its significance.

Participant's signature \_\_\_\_\_

Christian Education Ministries  
HEAVEN'S TRAINING CENTER



**ADULT RELEASE FORM  
(Ages 18 years and older)  
FOR BONCLARKEN ACTIVITIES**

In consideration of Bonclarken Conference Center, a North Carolina nonprofit corporation, its agents, officers, directors, assigns, contractors and/or employees, providing access to and equipment and services related to a variety of outdoor and water recreational activities, to enable me to participate in recreational activities, I agree as follows:

I, \_\_\_\_\_  
(PRINT YOUR FULL LEGAL NAME)

the undersigned, being an adult (age 18 or older), hereby agree that I am choosing to participate in any of the following recreational activities (the "Activities"):

- ropes course/indoor challenge elements,
- zipline,
- giant swing,
- Leap of Faith (Pamper Pole),
- caving,
- teambuilding activities,
- paintball,
- playground activities,
- swimming,
- boating,
- archery and other sports,
- use of recreational equipment related to any recreational activities, and
- transportation to and from certain activity areas as necessary

I understand and acknowledge that there are inherent risks, dangers and hazards in my participation in any of the Activities; (b) my participation in any of the Activities may result in injury, illness or loss including, without limitation, disease, bodily injury, strains, fractures, partial or total paralysis, disability or death; and (c) these risks may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or unforeseeable risks.

I hereby assume all risks and all responsibility for any losses and/or damages in any way relating to my participation in the Activities.

I hereby waive, release, and discharge Bonclarken Conference Center from each and every claim whatsoever relating to my participation in any of the Activities, except for any claims that are the direct result of the active negligence of Bonclarken Conference Center.

I understand and agree that (a) the sole proper venue for any dispute in which Bonclarken Conference Center is a party and that may arise out of this Agreement, or otherwise relate to my participation in any of the Activities, shall be Henderson County, North Carolina;

(b) the dispute shall be decided, at the sole option of Bonclarken Conference Center, by litigation or arbitration. In the event that Bonclarken Conference Center elects litigation, the venue for any action shall be the Superior Court of Henderson County, North Carolina; (c) this Agreement shall be interpreted pursuant to the laws of the State of North Carolina, which shall be controlling in all respects and at all times.

I HAVE CAREFULLY READ AND UNDERSTAND THIS RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING IT I AGREE TO RELEASE AND DISCHARGE BONCLARKEN CONFERENCE CENTER FROM ANY AND ALL LIABILITY FOR CLAIMS FOR PROPERTY DAMAGE, PERSONAL INJURY, SPECIAL DAMAGES, INCLUDING INDIRECT DAMAGES, AND WRONGFUL DEATH RELATING TO MY PARTICIPATION IN ANY OF THE ACTIVITIES, EXCEPT FOR ANY CLAIMS THAT ARE THE DIRECT RESULT OF THE ACTIVE NEGLIGENCE OF BONCLARKEN CONFERENCE CENTER.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Name of Group

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Today's Date

*Effective 1/12/2012; Rev. 3/5/2012*