



2017 Youth Retreat Weekend Details for Youth Leader

Arrival/Departure Time: *Arrival:* Groups should plan to arrive between 7pm and 9:30pm on Friday. Registration will take place in the lobby of Voight Center. The Ice Cream Shop, Coffee Shop, and Game Room will be open while you wait for all the groups to arrive. *Be sure students bring money if interested in purchasing ice cream or coffee. (i.e. A small ice cream (2 scoops) is \$2.25 and large ice cream (3 scoops) is \$3.25)*

Departure: Sunday morning worship should end no later than 10:30am. Groups will be able to leave directly after worship.

Registration Changes: You may lower your attendance numbers by September 21st without penalty. To add participants, contact Carrie Cheatham (804.213.0412 or cjacobs@cbfva.org) or Mark Snipes at msnipes@cbfva.org. After September 21st, the church is responsible to pay for the total number registered even if that many people are not attending the event.

Meals: We will provide meals starting with Saturday morning breakfast through Sunday morning breakfast. Be sure to have your youth bring money for dinner on Friday and/or lunch on Sunday if you plan to pick up fast food on the way to/from the retreat.

Allergies: Please contact Mark Snipes at the CBFVA office (804-213-0412) as soon as possible to inform him of any youth who have food allergies. We will work with the camp and try to accommodate your group as much as possible. Please be sure any youth with food allergies brings snacks that he/she is able to eat.

Lodging: Groups will be staying in cabins. When you arrive at registration you will obtain your rooming assignments. Youth groups will stay together in the same cabin, with girls on one floor and guys on the other. If some groups are smaller, cabins may house more than one youth group.

Worship: Worship will take place in Dogwood Hall.

Breakout Sessions: There are 3 different times on Saturday where the youth will be engaged in breakout sessions. There will be 10-15 different breakout sessions that your students will choose from. Both discussion based and hands on breakout sessions will be offered to appeal to different learning styles.

Free Time: There will be 1.5 hours of free time on Saturday. Recreational activities will be available. The Ice Cream shop, Game Room and Coffee Shop will be open during this time. Be sure youth bring money to purchase ice cream, coffee, etc. if they are interested.

If you have any questions, please don't hesitate to contact the CBFVA office at (804) 213-0412 or msnipes@cbfva.org

Youth Retreat 2017
Participant Names & Grades

Church Name: _____

Group Leader: _____

	Youth Name	Gender	Grade
1			
2			
3			
4			
5			
6			
7			
8			
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10			
11			
12			
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****Bring these forms to the Youth Retreat and submit at onsite Registration***

Youth Retreat 2017



Youth/Chaperone Participant Form

Church Name: _____ Group Leader: _____

Participant Name: (Last) _____ (First) _____ (M.I.) _____

Date of Birth: _____ Gender: _____ Age: _____ Grade in School: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Medical Information

Insurance Company: _____ Policy or Group Number: _____

Physicians Name: _____ Phone Number: _____

Allergies: _____ Medications: _____

Authorization for Treatment & Release

I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give permission for an attending physician or hospital to administer medical care if deemed necessary by a physician. I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) hereby release from all claims and forever hold harmless the director, employees, volunteers, and agents of the Cooperative Baptist Fellowship of Virginia, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expense, of any nature incurred by myself (or my child under 18 years of age). I assume personal responsibility for any loss of property incurred by myself (or my child under 18 years of age) at the event by theft or otherwise. I also assume personal responsibility for all medical bill (for myself or child under 18 years of age). Further, should it be necessary for me or my child to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume responsibility for all transportations costs. I further understand that photographs, audio recordings, and video recordings may be created during the event and I give permission to the Cooperative Baptist Fellowship of Virginia to use any or all recording of me or my child in publications, videos, website design, or other media expressions.

Participant's Signature

Printed Name

Date

Guardian's Signature

Printed Name

Date

**Bring these forms to the Youth Retreat and submit at onsite Registration*

Youth Retreat 2017
Chaperone Screening Form



Please list the name of each adult who will be attending *Fall Youth Retreat* with your group this year. You will need to conduct a statewide criminal background check (for the state in which the adult resides) for each person listed. Any official state background check that you have conducted within the last three years is acceptable. Please indicate at the appropriate place that the background check has been conducted for each adult. A church staff member must complete and sign at the bottom of this form. Please bring this completed form with you to registration. Thank you for making the effort to protect the well-being of our students. (www.ProtectMyMinistry.com is a reliable and inexpensive organization to go through for your church's background checks.)

Name	Background Check Completed (Y/N)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I certify that our church, named below, has conducted a statewide criminal background check for each person listed above, and we affirm them as an adult chaperone for this event. I further certify that I am a staff member of the church named below and, thereby, an official representative of the church.

Staff Member's Signature: _____ Date: _____

Church Name: _____ Church Phone Number: _____

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Cooperative Baptist
Fellowship Virginia

SCHEDULE

Friday Night

7pm-9:30pm	Arrival & Registration
10pm	Welcome & Worship
11:00pm	Church Group Time
12:00 pm	Lights Out

Saturday

7:30- 8:45	Breakfast
9:00- 9:45	Morning Celebration
10:30-11:30	Breakout #1
12:00-1:15	Lunch
1:30-2:30	Breakout #2
3:00-4:00	Breakout #3
4:00 -5:30	Free Time
5:30-6:45	Dinner
7:00pm	Evening Worship
8:15 pm	Church Group Time
9:00-10:30	Bonfire
11:00pm	Lights Out

Sunday

7:30-8:45	Breakfast
9:00-10:00*	Closing Worship

*Due to activities during Worship, it may end a little after 10am

10:30-11:00 Departure

THINGS TO BRING

- Pillow
- Sleeping bag
- Toiletries (i.e. shampoo, deodorant, etc.)
- Warm clothes
- Bible
- Notebook/Journal
- Pen
- Money for food (if you plan to stop for dinner on Friday and/or lunch on Sunday)
- Flashlight

Please note: Any form of alcoholic beverages, tobacco products, or weapons are prohibited. Adult leaders and/or chaperones have the right to confiscate these items if seen and are asked to notify the appropriate group leader and CBFVA staff.