



# Youth & Parent Fall Retreat 2021



**Friday-Saturday  
October 29-30**

**Cost: \$65pp**

**Mt. Lebanon Camp  
Cedar Hill, Texas  
Chinaberry Lodge**



**James Barfield  
Speaker**



**Jacob Hyman  
Worship**

**Recreation: Team Building, Volleyball, 9 Square in the Air, GaGa Ball, & Human Foolsball and more!**

**Meet on Friday at 6pm at FBCTC in The Harbor. Eat before you come. We will return around 10:00pm on Saturday.**

**Complete all the forms in this packet and give them to Pastor John ASAP.**

**You can also complete the forms online, save them to your computer and email them to Pastor John.**

**Invite your friends to come too!**

## **OTHER IMPORTANT INFORMATION YOU NEED TO KNOW ABOUT**

**Some Things To Bring:** At least one snack & drink to share from each youth & adult, Bible, pen, pillow, bedding or sleeping bag, towels, toiletry items, some old clothes, tennis shoes, jacket and very modest clothing {no short shorts}. Face mask (optional). Please pack in a small suitcase or carry-on.

**Things Not to Bring:** NO cell phones (youth only), iPods, iPads, mp3's, skateboards, roller blades, guns, knives, fireworks, matches, lighters, electronic games, laser pointers, as well as water balloons, shaving cream (except for shaving), etc. Don't bring your own music. Remember that tobacco use of any kind by camper or counselor is prohibited. No alcohol or drugs either. Only Christian magazines or books approved by John will be acceptable. Please no clothing or hats with beer, or other questionable logos will be permitted.

**Important Things to Remember:** All money, registration and the FBC Medical Release are due ASAP. Checks need to be made out to FBC The Colony or pay online. We will meet on Friday at 6:00pm in The Harbor. Eat supper before you come. We will return on Saturday around 10:00pm. If you need to come late Friday on your own you can as long as you let John know.

**For more information call John at 469-287-5765/972-978-6741 (cell) or email [jpecoraro@fbcthecolony.org](mailto:jpecoraro@fbcthecolony.org)  
First Baptist The Colony: 4800 South Colony Blvd; The Colony TX 75056  
Registration & Guidelines forms, Mt. Lebanon Releases and FBC Medical Release ([www.fbcthecolony.org](http://www.fbcthecolony.org))  
"Building believers who reach others for Christ"**

# Youth & Parent Fall Retreat Registration Form

## Friday/Saturday, October 29-30, 2021

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

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

Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (2021/22): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Participant Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Month/Day/Year

Participant Cell Phone: \_\_\_\_\_ Text Yes: \_\_\_\_\_ No: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Allergies/special needs: \_\_\_\_\_

Adult T-Shirt Size (100% Cotton) S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ 3XL \_\_\_\_\_

**No one who has any of the following new or worsening signs or symptoms of possible COVID-19 will be allowed to participate!**

- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain

- Headache
- Sore that
- Loss of taste or smell
- Diarrhea
- Felling fevers or a measured temperature greater than or equal to 100.4 degrees Fahrenheit

*I the participant, will obey all the FBC Rules/Guidelines and the Retreat Rules/Guidelines/Schedule. I will obey & respect the adults & other leaders of this mission project ministry. If I don't, I will accept the consequences of my actions which could result in not being able to continue serving.*

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

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

**\*\*\*Yes, I know the retreat cost is \$65 per person**

**\*\*\*Yes, I understand as a youth I will not bring my cell phone.**

**\*\*\*Yes, I will meet at FBCTC at 6pm Friday, October 29 & eat before I come.**

**\*\*\*Yes, I will participate in all of the retreat to the best of my abilities.**

**\*\*\*\*I have read and agree to all the Retreat Rules and Requirements.**

**\*\*Please return this page to Pastor John.**

**FBC The Colony Office Use Only:**

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**\$65 Non-Refundable payment due by Wednesday, October 27, 2021 YES**  
**(Checks made out to FBC The Colony, pay cash or online.)**

**2021 FBCTC Medical Release on File: YES**

**Copy/Scan of 2021 Health and/or Prescription Card on File: YES**

**Mt. Lebanon Camp**

PO Box 427 Cedar Hill, TX 75106 Phone: 972-291-7156 Fax: 972-291-4958; Website: www.mtlebanoncamp.com

**Challenge Course/ High & Low Ropes Elements (All Adults and Youth Must Complete & Sign Each Section)**

**Acknowledgement of Risk/**

**Health Statement/ Release of Liability/ & Authorization**

Mt. Lebanon Camp's challenge course is a variety of activities, including games and team building initiatives, on or close to the ground (Low Ropes Course) with some elements built on utility poles or elevated platforms (High Ropes Course). Both the Low and High Ropes Courses are comprised of different elements professionally designed to be safe and within the capability of anyone in reasonably good health, although some of the activities can be physically and emotionally demanding.

Participation is entirely VOLUNTARY. You must realize that there is a certain degree of risk inherent in these activities. There are significant hazards or risks of injury involved in any challenge/adventure activity associated with the outdoors or involving physical exertion and the use of related equipment for the activity.

The instructors are trained to supervise the activities in a safe and enjoyable manner by accredited training programs. You must recognize and accept shared responsibility for your safety and the safety of other group members. It is important to listen and be attentive to the facilitators and follow their instructions. Ask questions if you do not understand the directions and guidelines.

You may select your personal level of challenge in all activities or choose not to participate in an activity. If you begin an activity and do not want to complete it, it is your right to ask to quit the activity.

Some of the activities may cause elevated blood pressure and pulse rates. It is imperative that you are free of any heart-related problems or diseases. Participants must be free of medical or physical conditions, which might create undue risks to themselves or others that depend on them. If there is any doubt about your ability to safely participate in the challenge courses, you should consult a physician for a physical examination.

Name of Participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Group you are with at Mt. Lebanon: First Baptist The Colony

In an emergency notify:

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

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

A. Do you have any current or past physical condition which might limit your participation in the Challenge Course, Zip Tower or Alpine Tower? \_\_\_\_\_ If yes, identify and explain:

\_\_\_\_\_

B. Are you currently taking any medications? \_\_\_\_\_ If yes, please list:

\_\_\_\_\_

C. Do you have any allergies, reactions to medications or other medical limitations? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

I affirm that I have answered the above questions accurately and completely, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in activities at Mt. Lebanon. I believe that my health is satisfactory to participate in these activities at Mt. Lebanon Camp. I, the undersigned, assume and understand that there are inherent risks of bodily injury or damage to my property, which accompany my participation in these activities. By signing below, I acknowledge that I have fully satisfied myself as to the nature of the activities that I will be participating in, the risks associated with each activity and my responsibility to know my limits.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Authorization**

Mt. Lebanon Camp, its employees, agents, and directors have my permission to seek emergency medical care for the participant in the event: (1) The health and well-being of the participant is involved; (2) The participant or parent/guardian is unable to respond or cannot be reached at the time of the emergency; (3) Due to the nature of the emergency, there is insufficient time to contact the parent or guardian.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/ Guardian, if under 18: \_\_\_\_\_

**Medical/ Hospitalization Insurance Information**

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Photo Media Release**

I grant Mt. Lebanon Camp and the Dallas Baptist Association the right to use, reproduce, assign and distribute photographs, films, videotapes, DVD's, and sound recordings of myself or my child for use in promotional materials they may create.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability**

I hereby release Mt. Lebanon Camp, the Dallas Baptist Association, and its agents or employees from all suits, actions, or claims of any character, type, or description, brought or made, for or on account of any injuries or damages received or sustained by any person(s) or property, rising out of participation in the challenge course(s) or ropes course activities: the Alpine Tower, Zip Line Tower, climbing wall, Power Pole, or any other event or activity at Mt. Lebanon Camp.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## 2021 Retreat Rules & Guidelines for FBCTC Youth Ministry Events

1. All youth must respect the Adults, Sponsors & other youth while participating in any event.
2. NO abuse of a person or property will be tolerated.
3. NO PDA (kissing, hanging on one another or sitting in laps) is allowed at any event
4. NO whining, complaining, foul language, put downs, crude behavior, homosexual joking, or sexual immorality will be tolerated.
5. NO skateboards, roller blades, guns, knives, weapons of any kind, fireworks, matches, lighters, iPods, electronic games, laser pointers, or any items meant for mischief or pranks are allowed.
6. NO drugs, alcohol or tobacco products of any kind are allowed.
7. No clothing that advertises alcohol, sex, drugs or other questionable logos are allowed.
8. Shorts of modest length are permitted, unless the event requires long pants. NO short shorts! Length of shorts must be fingertip length. No strapless or backless tops. The best standard is "school appropriate clothing." Be modest.
9. Guys need to wear a belt if their pants won't stay up. No underwear showing.
10. One-piece swimsuits for the girls must be worn at ALL Youth Ministry swimming events. This includes all swim parties and camps.
11. All music listened to will be positive or Christian music approved & brought by John. This includes at the church or while traveling in any vehicle for a youth ministry event.
12. Only Christian magazines or books approved by John are allowed.
13. Students are not allowed to bring their cell phones to Retreats, DCamps, DNews, Mission Trips, Camp or whenever told. Adult sponsors will have their phones available to the youth if there is an emergency. An emergency phone number will be given to you for each event if you need to get a hold of your child.
14. When traveling at night, girls must sit on one row of the van, and boys on another row, unless it is a relative.
15. At all events, all youth are expected to participate in all activities.

Every effort is made to have adult supervision at all times. However, should there be a time when adults are not present, behavior is still expected to meet all established requirements. If these rules and guidelines are not met, then be assured some action of consequence will be taken. If a violation comes to our attention after the event, appropriate consequences will be determined by the parents and Elders of the church.

**\*\*I have read and agree to all the Rules & Requirements for the FBCTC Youth Ministry\*\***

Parent/Guardian Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian cell#: \_\_\_\_\_



**2021 MEDICAL RELEASE & INFORMATION ACKNOWLEDGMENT**

**FIRST BAPTIST CHURCH THE COLONY**

**4800 SOUTH COLONY BLVD.**

**THE COLONY, TEXAS 75056**

**(972) 625-1322; FAX (972) 370-1405; www.fbcthecolony.org**

**NAME:** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **STUDENT CELL #:** \_\_\_\_\_

**I WILL WEAR MY SEAT BELT: YES:** \_\_\_\_\_ **CELL PHONE TEXTING: YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**ADULT TSHIRT SIZE: S:** \_\_\_\_\_ **M:** \_\_\_\_\_ **L:** \_\_\_\_\_ **XL:** \_\_\_\_\_ **2XL:** \_\_\_\_\_ **3XL:** \_\_\_\_\_

**PARENT/GUARDIAN NAMES:** \_\_\_\_\_

**PARENT HOME PHONE # :** \_\_\_\_\_ **WORK #:** \_\_\_\_\_

**MOM'S CELL PHONE #:** \_\_\_\_\_ **TEXTING YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**MOM'S EMAIL:** \_\_\_\_\_

**DAD'S CELL PHONE #:** \_\_\_\_\_ **TEXTING YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**DAD'S EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HEALTH INFORMATION: (Check appropriate information)**

**Asthma:** \_\_\_\_\_ **Sinusitis:** \_\_\_\_\_ **Bronchitis:** \_\_\_\_\_ **Kidney Trouble:** \_\_\_\_\_ **Heart Trouble:** \_\_\_\_\_

**Diabetes:** \_\_\_\_\_ **Dizziness:** \_\_\_\_\_ **Stomach Upset:** \_\_\_\_\_ **Hay Fever:** \_\_\_\_\_ **Head Aches:** \_\_\_\_\_

**Allergies: Food:** \_\_\_\_\_

**Penicillin or other drug (name):** \_\_\_\_\_

**Insect Stings/Bites:** \_\_\_\_\_

**Poison sumac, oak, or ivy:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Any current medications you are taking (list):** \_\_\_\_\_

**Physical disorders:** \_\_\_\_\_

**Special diet: (Name):** \_\_\_\_\_

**Immunizations (tetanus):** \_\_\_\_\_ **Previous operations or serious illnesses:** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_ **GROUP/ID:** \_\_\_\_\_

**POLICY # (IF KNOWN):** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**\*\*\*Please attach a copy of the insurance and/or prescription card if you have one.**

**PERMISSION FOR TREATMENT**

*My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.*

*I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of First Baptist Church The Colony from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while traveling and/or participating in any church function, activity or trip.*

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**SIGNED THIS DATE:** \_\_\_\_\_