



Registration Office
2049 Upper Laurel Drive, Arden, NC 28704
828-209-6329 ♦ fax 828-687-1600
registration@novusway.com

Faith Alive!

For Middle School Youth

We will begin our program on Friday evening at 9:00 PM at Bischoff Lodge. Having everyone together for this opening session is important! Plan to be early! There is more TEACHING TIME than in a summer day at camp because this is a CONFIRMATION retreat. At camp we learn with activities, songs, skits, games, crafts, worship and laughter around the campfire! We squeeze as much fun and faith into a weekend as we can.

Youth and participating adults will “experience camp” including:

- Counselor/small group dynamics (faithful witness & caring of a college-age young adult)
- Experiential Learning (activities that engage all learning styles)
- Camp style music and worship
- FUN! Christian Community

Your reservation includes lodging on Friday and Saturday nights and 4 meals: Saturday breakfast, lunch, and dinner and Sunday breakfast. (You may wish to bring spending money for a visit to the Lutheridge store.) Please complete the **Faith Alive Camper Health Form** ~ and make sure your parent or guardian signs it in three places. **All Health forms need to be returned to the registration office AT LEAST one week prior to the retreat.**

This 3 page form MUST be filled out and brought with you to camp. We cannot admit any camper to a NovusWay program without this form SIGNED by a parent/guardian in 3 places. These forms are not kept on file. We must have new forms for each program you attend. Please make sure the person bringing you to camp checks this before leaving home! This form is included. It can also be downloaded from our website www.novusway.com Click on “Registration” at the bottom of the homepage – then look in the list on the right.

CHECK-IN/CHECK-OUT –

When you arrive at Lutheridge, follow the signs to Wilderness. From the fork near the front entrance, continue left and the gravel parking lot will be on your right.

7:45 to 8:15 PM – Staff will help you find your cabin.

8:15 – 9 PM – Gather at Bischoff Lodge to SIGN IN/register and to meet your counselor and group.

Bring all your paperwork (signed) and ALL medications with you.

9 PM - The first session will begin at 9 PM in Bischoff Lodge!

ALL medications (even non-prescription) must be given to the nurse to administer. Please make sure that medications are in their original containers. The nurse cannot give medications that are not properly marked. We suggest that you have the folks who are bringing you check your paperwork and medications before you leave home.

The retreat ends with worship on Sunday morning at 10:00 AM at Bischoff Lodge. Parents/Drivers are welcome to join us. Campers may SIGN OUT when worship is over.

ITEMS TO BRING (and not to bring)

Please bring a towel, a Bible, a sleeping bag (cabins are heated), pillow, toiletries, flashlight, and casual clothing – including good walking shoes! It may be COLD...so bring a warm jacket, hat and gloves- and RAIN GEAR! You might also want shower shoes and a water bottle – **DO NOT BRING: CELL PHONES, computers, or other electronics or expensive items. Knives or weapons of any kind, alcoholic beverages, drugs not prescribed by a physician, and tobacco products are not permitted. VIOLATION OF THIS POLICY WILL MEAN IMMEDIATE DISMISSAL!**

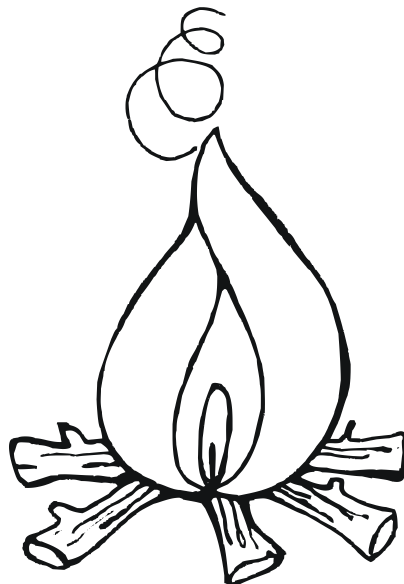
EMERGENCY PHONE

The EMERGENCY phone number at Lutheridge is **828-606-5684**. Someone carries this phone at all times. Please ask your parents to use it only if it is REALLY IMPORTANT to get in touch with you while you are here. **Please call this number if your arrival is delayed later than 9 PM on Friday.**

*If Adult leaders from the congregation participate, opportunities will be plentiful for them to form lasting relationships with their youth.

If you have any questions about the program (what you'll be doing once you get here) contact Pastor Drew Yoos at dyoos@novusway.org (828-490-7472). For questions about registration, lodging or money please contact the registration office at 828-290-6329 (9am – 5pm Monday-Friday) ~ or through our website www.novusway.com

Our prayer for you this weekend is that you will have fun, make new friends, and grow closer to Jesus!



FAITH ALIVE! at LUTHERIDGE

(Sample Schedule)

FRIDAY

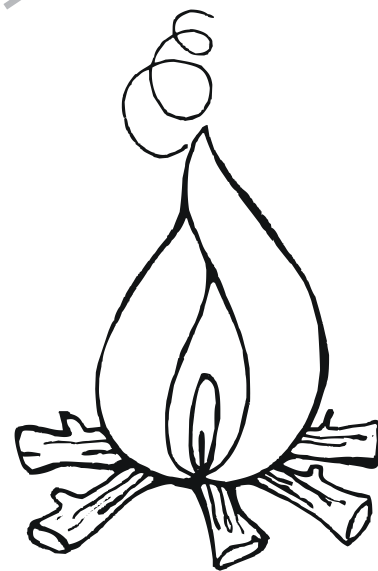
7:45 PM	Move into cabins
8:15 PM	Sign In/Meet your counselor – Bischoff Upstairs
9:00 PM	Session #1 Introduction to Theme and each other Bischoff
10:00 PM	Singing & Vespers
10:30 PM	In Cabins
11:00 PM	Cabin Time
11:30 PM	Lights Out

SATURDAY

8:15 AM	Morning Watch
8:30 AM	Breakfast
9:15 AM	Service in the community
11:00 AM	Session #2
12:30 PM	Lunch/Lutheridge Store
2:00 PM	Session #3
3:30 PM	Crafts and games
4:30 PM	Session #4
6:00 PM	Supper
7:00 PM	Down time/games
8:30 PM	Campfire/Vespers
10:00 PM	In Cabins
10:30 PM	Cabin Time
11:00 PM	Lights Out

SUNDAY

8:30 AM	Breakfast
9:00 AM	Pack & Clean Up
10:00 AM	Worship Bischoff
11:00 AM	Go in Peace! Serve the Lord!



GOALS for this Retreat:

- Campers will worship in a way that incorporates their learning from the weekend
- Campers will return home with a plan to participate in the life of their congregation beyond confirmation

Live/Hear Retreat:

- Campers will understand what it means to be part of a church and worship together
- Campers will participate in crafting and leading a unique worship opportunity
- Campers will explore their faith more deeply guided by scripture, the creeds, and the sacraments

Serve Retreat:

- Campers will understand Jesus' call to serve and read stories of Jesus serving others
- Campers will participate in and reflect on service in the local area around camp
- Campers will make a plan to serve all people back in their communities and congregations

Strive Retreat:

- Campers will understand the promise to "strive for justice and peace in all the earth" and learn to connect stories of biblical justice and prophetic visions of justice to current events
- Campers will explore daily issues of injustice and practice faithful ways of responding
- Campers will define *solidarity* and *allyship* and be empowered to seek ways to strive for justice and peace upon their return to the congregation

Proclaim Retreat:

- Campers will understand the larger narrative of the Bible and how individual Bible stories fit into God's larger story. They will explore the most formative stories from their own life and learn to connect their most formative stories to stories from the Bible, stating how God is at work in their lives.
- Campers will craft their own proclamation to share how God's story is entwined with their story, reinforcing the learning, emboldening faith sharing & allowing for pastoral and congregational participation in this confirmation experience



LUTHERIDGE *FAITH ALIVE!*

CAMPER HEALTH FORM

PLEASE COMPLETE THE ENTIRE FORM AND TURN IN AT CHECK-IN.

Each camper must have a completed health form to be admitted to a Lutheridge program.

Camper Name

Last

First

MI

Birth Date _____ Age _____ Male Female

Parent/Guardian Names(s) _____

Relationship _____

Home Address _____ City _____

State _____ Zip _____

Please list phone numbers in the order we should call them if we need to get in touch with you during the retreat:

First Phone _____ Second Phone _____

Third Phone _____ Parent Email _____

Child Email _____

IF PARENT/GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CONTACT:

Emergency Contact #1 _____

Relationship _____

Home Address _____ City _____

State _____ Zip _____

1st Phone _____ 2nd Phone _____

Emergency Contact #2 _____

Relationship _____

Home Address _____ City _____

State _____ Zip _____

1st phone _____ 2nd Phone _____

Physician name _____ Phone _____

Dentist name _____ Phone _____

Last name, FI _____

Health Insurance Information

Lutheridge does not provide camper sickness insurance but does have secondary accident insurance. The parent/legal guardian is responsible for all charges associated with an accident or illness.

Carrier Name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Date of Birth _____

Rx card Bin # _____ ID # _____ Group # _____

MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT

The undersigned, as parent/legal guardian of the camper, authorizes Lutheridge, its delegated leaders, directors, and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Lutheridge will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases Lutheridge and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization. This completed form may be photocopied for trips off camp.

Printed Name _____

Signature _____ Date _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE A PARENT/GUARDIAN MUST SIGN THE MEDICAL RELEASE/AUTHORIZATION! A SIGNED RELEASE IS A PREREQUISITE TO PARTICIPATE IN CAMP!!

Last name, FI _____

HEALTH HISTORY

Has/does the participant have/had:	Yes	No		Yes	No
Recent injury, illness or infectious disease	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Chronic or recurring illness/condition	<input type="checkbox"/>	<input type="checkbox"/>	Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Problems w/ joints	<input type="checkbox"/>	<input type="checkbox"/>
Head injury	<input type="checkbox"/>	<input type="checkbox"/>	Skin problems	<input type="checkbox"/>	<input type="checkbox"/>
Frequent ear infections	<input type="checkbox"/>	<input type="checkbox"/>	Mononucleosis in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Passed out during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	Problems with sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain during or after exercise	<input type="checkbox"/>	<input type="checkbox"/>	History of bed-wetting	<input type="checkbox"/>	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>
Operation	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed as ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" responses:

Are there any special health concerns of which the nursing staff should be aware?

Allergies: Hay Fever Poison Ivy Insect Stings Food _____
 Other _____

Asthma: Severe Moderate Mild
Triggers? _____

Nutritional/dietary restrictions:

Diabetic? No Yes **Vegetarian?** No Yes **Other?** No
 Yes

Has the camper had any of the following: Measles Chicken Pox Mumps German Measles

Please indicate the date of the last immunizations/booster for:

DTP _____ MMR _____ TD (Tetanus) _____ Hepatitis B _____ HIB _____

Is camper currently taking any prescribed medicine? Yes No

If "yes", what medications?

(The person who brings the camper will sign a medication authorization form.
Dosage instructions must match those prescribed.)

*****MEDICATIONS MUST BE IN CLOSED CONTAINERS WITH THE ORIGINAL PHARMACY LABELS INTACT.**

Last name, FI _____

Additional Information that can help us serve your child well

Is this your child's first time at sleep-away camp? _____ at Lutheridge? _____

How does your child feel about attending this retreat?

What is your child most looking forward to about this retreat?

What concerns/fears does your child have about this retreat?

Is your child dealing with any situations or issues that might come up in cabin time or group discussion?
If so, are there ways that the counselor can be supportive and helpful to your child?

Is there anything else that we should know?

THANKS FOR TRUSTING YOUR CHILD TO US FOR THIS FUN, FAITH-BUILDING RETREAT!

Last name, FI _____

