

### Registration Office 2049 Upper Laurel Drive, Arden, NC 28704 828-209-6329 \$\diamathred{6}\text{ax 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. <u>All Health forms need to be returned to the registration office AT LEAST one week prior to the retreat.</u>

This 3 page form MUST be filled out and <u>brought with you to camp</u>. 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 <a href="www.novusway.com">www.novusway.com</a> 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!** 

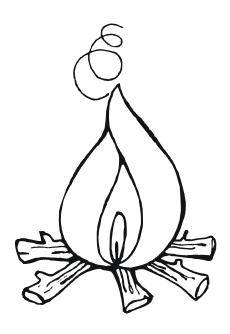
#### **EMERGENCY PHONE**

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 <a href="www.novusway.com">www.novusway.com</a>

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
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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 Crafs and games

4:30 PM Session #4 6:00 PM Supp

7:00 PM Down in games 8:30 PM Campi re/Ve.

10:00 TWI In Cabi is 10:00 PM Cabin T me 11:0 PM Lights C it

#### **SUNDAY**

8:30 AM Br akfast

9:00 AM rack & 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:

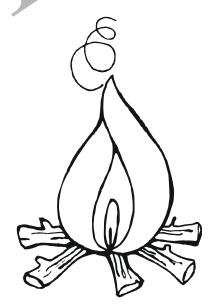
- Campers will understand Jesus' call to serve and read stories of Jesus serving others
- Campers will participate in and reflect on service in the local area around camp
- Campers will make a plan to serve all people back in their communities and congregations

#### 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	N	11
Birth Date	Age		☐ Female
Parent/Guardian Nar	mes(s)		_
Relationship			
Home Address		_City	
StateZip			
Please list phone nur	nbers in the order we should call them if we ne	ed to get in touch with	you during the retreat:
First Phone	Second Phone		<del></del>
Third Phone	Parent Email		
Child Email			
·	NN IS NOT AVAILABLE IN AN EMERGENCY, PLEA		
	<del>*</del> 1		
Relationship			
Home Address		_City	
State Zip_			
1st Phone	2 <sup>nd</sup> Phone		
Emergency Contact #	#2		
Relationship			
Home Address		City	
State Zip_			
1st phone	2 <sup>nd</sup> Phone		
Physician name	Phone		
Dentist name	Phone		

Last	name,	FI		
Lust	manne,			

## Health Insurance Information

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

Carrier Name		
		Phone
Policy Holder's Name		
Policy Holder's Date of Birth		
Rx card Bin #	ID #	Group #
MEDICAL RELEASE AND AU	THORIZATION FOR	TREATMENT
•		ne camper, authorizes Lutheridge, its delegated leaders, directors,
and the medical personnel t	hey have selected t	o consent to any medical/hospital care deemed necessary. I
consent to the release of the	s health history and	d examination form to the emergency room, hospital, or doctor's
office providing care. Luther	<u>idge will endeavor,</u>	but is not required, to communicate with me prior to treatment.
The undersigned releases Lu	theridge and its de	signated leaders and directors from any liability and claims arising
from any consent given in g	ood faith in connect	tions with diagnosis or treatment. The undersigned certifies that
he/she has full authority to	sign this Release an	d 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 PREREQUESITE TO PARTICIPATE IN CAMP!!

Last name,	FI					

#### **HEALTH HISTORY**

Has/does	the participant have	had:	Yes	No			Yes I	No
Chronic or Frequent h Head injur					High blood p Back probler Problems w/ Skin problem Mononucleo	ns joints Is	□ I	
Chest pain Seizures Operation	during or after exercise during or after exercise		_ _ _ _		Problems with History of be Eating disorce Diagnosed as	d-wetting er	ng 🗆 🗎	
Please exp	lain any "yes" response	s:						
	any special health conce					Food	-	
Allergies: <pre> ②Other Asthma:</pre>	②Hay Fever 	<ul><li>Poison Ivy</li><li>Moderate</li></ul>	ııı 2 Mild	sect Stir	ıß2 ī	F000		
Nutritiona	l/dietary restrictions:							
Diabetic?	?No ?Yes	Vegeta	rian?	<b></b>	<b>?</b> Yes		Other?	⊡No
Has the ca Measles	mper had any of the follo	owing:	les	②Chick	en Pox	ımps	2 Germar	1
	cate the date of the last MMR	-			lepatitis B	HIE	3	
ls camper (	currently taking any pres	scribed medicine	? ②Yes	5	<b></b> PNo			
If "yes", wl	hat medications?							
	·	1						

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

<sup>\*\*\*</sup> 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 discussi If so, are there ways that the counselor can be supportive and helpful to your child?	on?
Is there anything else that we should know?	

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

ast	name,	FI		

# NORTH CAROLINA BUNCOMBE & AVERY COUNTY

#### **NOVUSWAY MINISTRIES, INC.**

#### PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT

#### **READ CAREFULLY BEFORE SIGNING**

In consideration of NOVUSWAY Ministries, Inc. furnishing services and/or equipment to enable me/my child to participate in a variety of outdoor and recreational activities, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards and such exists in my use of outdoor recreational equipment, transportation to, and my participation in outdoor recreational activities; (b) my/my child's participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable and unforeseeable causes including risks, hazards, and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; and (d) by my/my child's participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages.

I hereby agree and consent to my/my child's participation in each outdoor and recreational activity that is provided by or on behalf of NOVUSWAY Ministries, Inc. for the age group in question (which may include, among other things, camping, hiking, canoeing, challenge tower activities, challenge course activities, rock climbing, spelunking, mountain biking, playground activities, and swimming). I, on behalf of myself/my child, and my personal representatives hereby waive, release and discharge NOVUSWAY Ministries, Inc. its agents and employees, of any claim whatsoever that is not the direct result of active, foreseeable negligence on the part of NOVUSWAY Ministries, Inc. and its respective agents and employees. I further waive, release and discharge NOVUSWAY Ministries, Inc. for any claim arising from participation in any program, service, or other outdoor and recreational activities.

The sole proper venue of any dispute that may arise out of this Waiver or Release or otherwise between the parties to which NOVUSWAY Ministries, Inc., or its agents is a party shall be the General Court of Justice, Buncombe County, North Carolina. I understand and acknowledge that this Waiver and Release and any claim arising herein 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 READ THE ABOVE PARTIAL WAIVER AND RELEASE OF LIABILITY AND PARENTAL CONSENT AND BY SIGNING IT AGREE THAT IT IS MY EXPRESS INTENT TO EXEMPT AND RELIEVE NOVUSWAY MINISTRIES, INC., FROM LIABILITY FOR PERSONAL INJURY, PERSONAL PROPERTY DAMAGE OR WRONGFUL DEATH OTHER THAN CLAIMS THAT ARISE AS THE DIRECT RESULT OF ACTIVE FORESEEABLE NEGLIGENCE.

PARTICIPANT NAME (PRINT)	AGE IF MINOR	PROGRAM/DATES
CAMPER SIGNATURE (If 18 years of age or older)		DATE
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*	DATE	
PHOTOGRAPH PERMISSION		
I hereby allow my child to be transported for off- NovusWay website.	site outings and photograp	hed for possible inclusion in NovusWay publications or the
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN*		DATE

<sup>\*</sup>Signature of Custodial Parent or Guard