



# THRIVE | TRINITY STUDENTS

216 Shelburne Rd. Asheville, NC 28806 | Pastor Nathan Hawkins | 828-782-0427

## 2022 Encounter Fall Retreat WKND



It's that time of year once again when the leaves begin to change along with the temperature. It's also the time of year when we gear up and prepare for our Encounter Fall Retreat. This year we will be heading to Camp Cedar Cliff right here in beautiful, Asheville, NC. Below is the information about this year's retreat.

OCTOBER 21st-23rd

**Cost: \$130 per student**

Registration and money Due: September 25th

Drop off: Friday, October 21st @ Camp Cedar Cliff 4:30pm

Pick up: Sunday, October 23rd @ TBC in Family Life Center at 12:00pm

What to bring:

- First and foremost, bring an attitude of worship and seeking God.
- Bed linens and towels.
- Bring proper attire for the entire weekend. Some activities will be outside, if possible, so dress warm if the temperature is cold. Pajamas and short shorts will not be permitted in the common areas.
- Bring any personal hygiene products...soap, shampoo, deodorant, toothpaste, etc.
- Bring your own pillow and blanket if you would like.
- Bring your Bible and pen/pencil and paper to take notes.
- Bring clothes for activities such as football, basketball, hiking, etc.
- Phones will be taken up by Cabin leaders on Friday night. Student's will be allowed to use phones to call home.

We are praying for our students to have a fresh encounter with Jesus. We know our generation needs a fresh outpouring of the Holy Spirit, to combat the spiritual warfare every student, and parent is facing. Please be praying for this year's retreat and for each other. I look forward to seeing how God is going to use you and our entire group.

Pastor Nathan Hawkins

# 2022 Encounter Fall Retreat WKND Registration

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Shirt Size (circle one) - S M L XL 2XL  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Mom's Name \_\_\_\_\_ Dad's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Mom's Work Phone \_\_\_\_\_ Dad's Work Phone \_\_\_\_\_  
Mom's Mobile Phone \_\_\_\_\_ Dad's Mobile Phone \_\_\_\_\_

In case of an emergency, name of someone to contact, if parent cannot be reached. \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

## Medical Information

Insurance Company Name \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Parent's Signature \_\_\_\_\_  
Date Signed \_\_\_\_\_

## Permission Slip & Medical Release Form

I, \_\_\_\_\_ (print parent's name) give \_\_\_\_\_ (print student's name),  
my permission to attend the 2022 Student Fall Retreat at Camp Cedar Cliff from October 21-23, 2022.

List any allergies (food, medications, etc.) that your child is allergic to: \_\_\_\_\_

List any physical health concerns that we should be aware of: \_\_\_\_\_

***In the event of a medical emergency***, I understand every effort will be made to contact parents or guardians of attendees. In the event I cannot be reached, I hereby give permission to the physician selected to hospitalize and secure proper treatment for and order injections and anesthesia or surgery for my child as named above. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I release ***Trinity Baptist Church and ALL Directors/Leaders*** from any responsibility involving injury that may occur.

By attending a ***Trinity Baptist Church Event***, you will be participating in an event where photography, video and audio recording may occur. Your attendance and participation in the event signifies your acceptance of this, and releases Trinity Baptist Church from any liability, payment or royalties in connection with the capture, reproduction or distribution of the images, video or audio by Trinity Baptist Church as it deems fit.

\_\_\_\_\_  
Signature of Parent(s) or Guardian

\_\_\_\_\_  
Date



## **Camp Cedar Cliff — All Activities Authorization and Release for Children**

I/We the parent(s) or guardian(s) of \_\_\_\_\_, for and in consideration of my/our child being a camper at Camp Cedar Cliff (hereinafter called “the Camp”) in Asheville, North Carolina, hereby agree as follows:

1. I/We give my/our approval for my/our child to be a camper and to participate in any and all camp activities including, without limitation, the following: swimming, horseback riding, rappelling, white water rafting, field games, archery, climbing wall, zip line, floor polo, B. B. guns, nature trail, basketball, crafts, volleyball, frisbee golf, Bible study, high ropes course, challenge course, etc.
2. I/We assume all risks and liabilities which may result from my/our child participating as a camper and release and forever discharge and hold harmless the Camp, Camp Cedar Cliff, INC., its employees, representatives and agents from any and all actions, causes, claims, demands and liabilities arising out of injury to or damage sustained by my/our child.
3. I/We agree to indemnify the Camp against any and all liability or loss, and against all claims or actions based upon or arising out of damage or injury to persons or property caused by my/our child.
4. In the event of injury to my/our child, I hereby consent and authorize the administration of all treatments and tests that may be considered reasonable or necessary in the judgment of any qualified medical personnel; and
5. I understand and agree that as a condition of my/our child participating in the above listed camp activities, or activities that are incidental or related to the same, I will provide complete medical insurance coverage for any medical expenses which may be incurred.

Official videos and photographs may be taken at Camp events throughout the year. Registration constitutes your permission to use any photo or video in which your child may appear, in any manner, including on the Camp Cedar Cliff web page and for promotional purposes.

Parent’s/Guardian’s Signature(s): \_\_\_\_\_

Parent’s/Guardian’s Printed Name(s): \_\_\_\_\_

Date \_\_\_\_\_