

# Student Fall Retreat 2019

# OUTCAST

finding our place in God's kingdom

*Jesus is all about the outcast: the lost, the broken, and those on the fringe. Jesus, the Messiah, took time for kids and people with incredibly contagious and deadly diseases. His close disciples included ordinary fishermen with dirt under their nails and even the dreaded tax collector. Jesus saw beyond our groups of "accepted" and "outcasts"—beyond race, gender, or social standing—and into the hearts of people he loved.*

**Date:** October 11-13

**Where:** Camp Christi, 4704 Roanoke St. Christiansburg, VA

## Registration:

All Registrations include student book, lodging, and food

\$23-Basic

\$28-Basic Plus Follow-up Journal (Director Recommended)

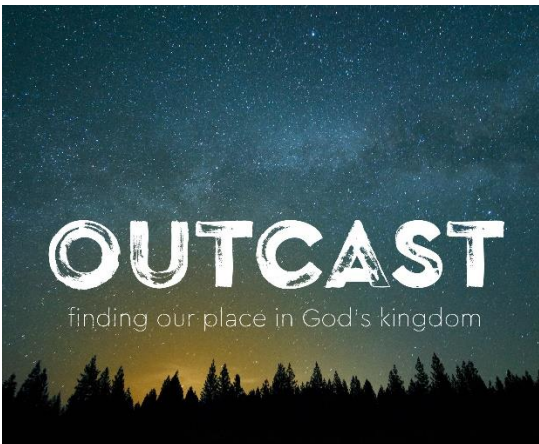
\$31-Basic Plus T-shirt

\$35-Basic Plus Follow-up Journal and T-shirt

Registration must be received by September 23rd to guarantee Student books, Journals, and T-shirts

**More info and Registration forms can be found at**

**[www.cogva.com](http://www.cogva.com)**



# Fall Retreat 2019

All Retreat Information and  
Registration forms at  
[www.cogva.com](http://www.cogva.com)

August 9, 2019

Dear Friends and Ministry Partners,

We hope you and your students are having a great start to the new school year! As we look forward to the fall, the Virginia State CE Team would like to share this exciting opportunity for discipleship designed specifically for your students to grow deeper in relationship with Christ.

The theme for our **Fall Retreat** is **OUTCAST** --we see outcasts everyday—people who fit under a different stereotype, don't look like us, like what we like, or believe the same things. It's easy to walk away from the outcast, leaving them forever in that category, but Jesus never did. Instead, he walked into the difficulty of their lives to bring them the ultimate insider experience—belonging in his family. At a quick stop at a well on a hot day, Jesus shows us how it's done. And now we are called to go to the outcasts and bring them in. After all, we all want to fit in and feel like we belong, but we've all felt like outcasts at some point.

That's what this Fall retreat is all about: God has made it possible for *everyone* to be part of his family. And once we're on the *inside*, he asks us to be on the lookout for others who need an invitation to join.

Please mark your calendars today, join us in prayer, and invite your students to join us for a weekend that is sure to be lifechanging!

### Details you need:

- **Date:** October 11-13, 2019 Check-in begins at 6pm
- **Location:** Camp Christi 4704 Roanoke St. Christiansburg, VA 24073
- **Cost:** Choose registration cost that best fits your group!
  - \$23-Basic (All Registrations include student book, lodging, and food)
  - \$28-Basic Plus Follow-up Journal (Director Recommended)
  - \$31-Basic Plus T-shirt
  - \$35-Basic Plus Follow-up Journal and T-shirt

Send Registrations to:  
Church of God Virginia  
Attn: Fall Retreat  
4704 Roanoke Street  
Christiansburg, Virginia 24073

Registrations must be received by September 23rd to guarantee Student books, Journals, and T-shirts

Please make checks payable to Virginia Youth Fellowship or register & pay online at [www.cogva.com](http://www.cogva.com)

Serving HIM Together,  
Jessica Willis, Fall Retreat 2019 Director

Contact COGVA Office if you have any questions  
[cogvaoffice@gmail.com](mailto:cogvaoffice@gmail.com), [jwynnelk@gmail.com](mailto:jwynnelk@gmail.com), or 540-268-2040





# Fall Retreat Group Registration

**Youth Pastors/Leaders fill ONE out for your group.**

**Church Name:** \_\_\_\_\_

**Church Address:** \_\_\_\_\_

**Contact Person(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Below Check Registration that applies and do the Math.**

*(Adults do not pay Registration for Fall Retreat.)*

**Registration:**

\_\_\_ **\$23-Basic** (All Registrations include student book, lodging, and food)

#Students \_\_\_ x \$23 = \_\_\_\_\_ Total Registration cost

\_\_\_ **\$28-Basic Plus Follow-up Journal (Director Recommended)**

#Students \_\_\_ x \$28 = \_\_\_\_\_ Total Registration cost

\_\_\_ **\$31-Basic Plus T-shirt**

#Students \_\_\_ x \$31 = \_\_\_\_\_ Total Registration cost

\_\_\_ **\$35-Basic Plus Follow-up Journal and T-shirt**

#Students \_\_\_ x \$35 = \_\_\_\_\_ Total Registration cost



**Registration must be received by September 23rd to guarantee Student books, Journals, and T-shirts**



**Make Checks Payable to Virginia Youth Fellowship.**

**Total Registration Enclosed** \_\_\_\_\_

**Include an Individual Registration form for all students and adults in attendance.**

**Individual Registration forms can be printed at [www.cogva.com](http://www.cogva.com)**

# **Fall Retreat-Adult and Student Housing list**

**For our Records please fill out names of Adults and Students that will be attending from your church.**

**Our Cabins can fit 9 people please specify any special housing request. If your group does not fill a cabin other groups may be placed in a cabin with you.**

**Church Name:** \_\_\_\_\_

## **Cabin**

**Female Adults**

**Female Students**

**Grade**

_____	_____	_____
_____	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

## **Cabin**

**Male Adults**

**Male Students**

_____	_____	_____
_____	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

**Copy a second page if needed.**



# Fall Retreat Individual Registration

**Anyone attending Fall Retreat Adult or Student needs to fill out this form.**

## **Check Which Applies**

**Adult Chaperone** (All Adults are expected to have a current background check on file with the church.)

**Student Participant**

## **Participants Info**

**Home Church:** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Emergency Contact Numbers:** (Contacts for students should be Mother, Father, Grandparents, Legal Guardians, etc. Contacts for Adults should be spouse, parents, friends, etc.)

**Contact 1:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Contact 2:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Other Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**I have filled out a Medical Release form and turned it into my main group leader.**

**I understand all Students are expected to attend Fall Retreat with a Virginia Church of God Church. (If a student is not coming with a church group or has not made arrangements to stay in cabins with a church group student's parent must email [jwynnelk@gmail.com](mailto:jwynnelk@gmail.com) about the situation and gain prior approval. Students not coming with a church group would be required to be chaperoned by Parent or Legal guardian. Parent/Legal guardian would have to be subject to a background check prior to attendance.)**

**Paperwork for each adult and student in attendance must be complete!**

# Fall Retreat 2019



## DO Bring

- A fantastic attitude and a desire to draw near to God!
- Bible, notebook, and pen
- Clothes you don't mind getting extremely dirty for 2 days
- Jacket or hoodie (just in case)
- Tennis shoes or appropriate footwear for recreation
- Modest casual clothing for 2 days
- Sheets, blankets, pillows, sleeping bags, etc.
- Towels and washcloths
- Personal hygiene items (soap, shampoo, deodorant, etc.)
- Flip flops for showers
- Alarm clock and watch
- Sunscreen and bug spray
- Backpack or other bag carry belongings around camp

## DON'T Bring

- Spaghetti strap tops or small tank tops
- Tight clothing
- Tobacco, drugs, alcohol, or weapons
- Fireworks
- Water balloons
- Clothing with questionable or inappropriate sayings, slogans, etc.
- Radios, CD player, iPods (or mp3 players), laptops, or video games\*

**\*If these items are lost, stolen, or damaged it will not be the responsibility of the Camp Director or Caretakers to replace, and have been found to distract from the overall focus of Fall Retreat.**

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# MEDICAL RELEASE FORM

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| Effective dates: Oct 11-13, 2019 |

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This Form is to be kept by Home Church Leader that the Student will be traveling with.

Home Church \_\_\_\_\_

Please print in ink. Fill out completely.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                    Last           First           Middle

Circle: Male or Female Year in school: \_\_\_\_\_ Email: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Medical insurance company Policy: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a-

good swimmer  fair swimmer  non-swimmer

2. Does your child have allergies?  pollens  medications  food  insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma  epilepsy / seizure disorder  heart trouble  diabetes  frequently upset stomach  
 physical handicap

4. Date of last tetanus shot:

5. Does your child wear  glasses  contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

List Medications. Use and attach separate sheet if necessary. (Medications and instructions need to be given to chaperone or Church group leader. Church group leader/chaperone will be responsible to give medication at SYC)

Should this child's activities be restricted for any reason? Please explain:

Activities may include, but are not limited to: Cookouts, boating, waterskiing, Swimming, basketball, rollerskating, rollerblading, games in the park, Soccer, broom ball, ice-skating, Volleyball, softball, baseball, camping, Downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, miniature golf, Hayrides. Note if you desire to limit your child's participation in any event please submit your wishes in writing to the church pastor prior to that event.

Name of Student: \_\_\_\_\_ Has my permission to attend all youth activities sponsored by : Virginia Church of God Student Fellowship in partnership with Home Church (hereinafter the "Church")

From October 11, 2019 to October 13, 2019  
Date Date

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child I/We the undersigned have legal custody of the student named above, a minor, and have given our consent. for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please make 1 copy for your records and give other copy to Main Church Group Leader.**