



CYF & CHI RHO SPRING RETREAT – 2024

“Gifted by Design”

1 Corinthians 12:12-31 & Matthew 5:14-16

April 5-7, 2024 REGISTRATION FORM

Registration Deadline: March 28, 2024

FOR: Grades 6th-12th COST: \$175
All counselors/leaders NO COST (Being covered by a gift)

TIME: Begins – Check-In Friday night 7:00 p.m. & activities start 8 p.m.
Ends – Sunday morning – 11 a.m.

PLACE: Bethany Hills Camp, 1080 Bethany Hills Road, Kingston Springs, TN
Camp phone 615/952-9184

BRING: Bible Hoodie or jacket,
Pencil and paper/notebook Bed linens/pillow/blanket
Comfortable suitable clothing Towel/washcloth/toiletries
Raincoat/umbrella/flashlight Money for Canteen & Offering

REGISTRATION DEADLINE: **March 28, 2024**. Your form must be postmarked by March 23rd if registering by mail. Registration must be received in the Regional office or register online by March 28th. Register early-space is limited!

***Make check payable Christian Church in TN-DO NOT MAIL FORM TO BETHANY HILLS CAMP* Camper scholarships are available. Please contact the Regional Office, 615-646-3705, regionaloffice@tndisciples.org

NAME _____
I AM A YOUTH _____ ADULT _____ MALE _____ FEMALE _____
DATE OF BIRTH _____ GRADE _____
ADDRESS _____
CITY _____ ZIP _____
PHONE (cell) _____ (Parent/Guardian #) _____
CHURCH _____ CITY _____
YOUTH LEADER NAME _____ PHONE _____
YOUTH EMAIL: _____
PARENT EMAIL: _____

**CAMPER COVENANT AND
PARENT/GUARDIAN RELEASE MUST BE SIGNED.**

**QUESTIONS? Call the Regional Office 615/646-3705 or email
JOAN@TNDISCIPLINES.ORG**

IMPORTANT REMINDERS:

- ***No walk-up registration.***
- Register early – space is limited.
- Fee is non-refundable.

Camper Covenant with the Christian Church (DOC) in Tennessee

By initialing each line and signing at the bottom you agree to the following in order to make camp the best experience possible for everyone!

_____ I will be respectful to all persons and the camp environment at all times.

_____ I understand that possession of drugs, alcohol, tobacco or weaponry of any sort (knives, firearms, etc.) while at camp is prohibited and I will be sent home if these items are found in my possession.

_____ I understand that the Bethany Hills Camp is not responsible for lost, stolen or damaged items.

_____ I covenant to enjoy camp as an opportunity to come to know God through nature and through other people and I will participate fully in camp activities.

_____ I understand that leaving camp in the middle of a session is disruptive to the community and is prohibited unless the camp director grants permission prior to the start of the camp.

_____ I will not damage camp property and will be held financially responsible for any repairs needed because of my actions.

_____ I understand that sneaking out of my cabin after lights-out will result in a one-year suspension from all camp activities and I will be sent home.

_____ I understand that campers should not bring food to camp.

_____ In this day of electronics, Camp and Conference understands that campers use cell phones for many tools other than communications (camera, alarm, music, etc) and for emergencies. It is for this reason that I may bring my cell phone to camp with the understanding that I can only use my phone during free time and cabin time. I also covenant to listen to music from my phone or other music devices (i.e. iPod, etc.) with personal headphones only during cabin time.

_____ I understand that I may be sent home for behaving in a way that does not reflect Christian love and grace.

Camper Signature: _____ Date: _____

Parent/Guardian Release:

_____ Yes, the region has permission to photograph my child for promotional purposes including internet, newsletters, and video. _____ No, do not photograph my child.

_____ Our camper has permission to participate in camp. In case of medical emergency, I understand that every effort will be made to contact a parent or guardian of the camper. In the event I cannot be reached, I hereby grant permission to the physician selected by the camp staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for child while attending camp.

_____ I/We further release the camp director(s) and staff, Christian Church (Disciples of Christ) in TN, their employees, the Regional Minister, and staff of the Christian Church (Disciples of Christ) in TN, the Regional Board of Directors and volunteers from responsibility and liability for any accidents or illness including COVID occurring during or after camp. Please list all medications and instructions.

Medical Conditions and Behavior Information: Please list any conditions that the camper has that would affect their time at camp. Including but not limited to: allergies, behavior issues, ADD/ADHD, sleep walking, mobility problems, physical/mental disabilities.

Please indicate if there are any special circumstances that you feel the camp directors should be aware of for the benefit of camper. (Information shared with camp staff on as needed basis only.)

Parent/Guardian Signature: _____ Date: _____

Name of your Medical Insurance Company: _____
Policy #: _____ I do not have insurance at this time. _____

Emergency Contact #1:

Name: _____

Relationship: _____ Cell Phone #: _____

Emergency Contact #2:

Name: _____

Relationship: _____ Cell Phone #: _____