

2023 MCA Fall Retreat

Middle School Retreat September 17-18

High School Retreat October 1-2

at Walnut Ridge Retreat Center

Thank you for allowing your child to participate in our Fall Retreat to be held at **Walnut Ridge Retreat Center in Morgantown, IN in September for high school students and October for middle school students.**

These few days will be a time your students will never forget, and to ensure the best possible experience we have attached all the information you will need surrounding camp.

This includes:

1. General Information
2. To do list
3. Packing list
4. The No-Nos
5. Emergency contact/waiver information.

Please read thoroughly and email any questions to jerry@missionchristianacademy.com

Thanks again!
Jerry Ackerman

General Information

Location: 4500 Bear Creek Church Rd, Morgantown, IN 46160

Drop off: Sunday, September 17 at 4pm or Sunday, October 1 at 4pm at Walnut Ridge Retreat Center

Pickup: Monday, September 18 at 6pm or Monday, October 2 at 6pm at Walnut Ridge Retreat Center

Rooming: Students will be divided into groups according to gender and age, then placed under the authority of a *YOUTH LEADER*. (Each *Youth Leader* has rapport with the students and Onward Church). The students will be staying in dorm style cabins divided by gender. **MALE STUDENTS ARE NOT ALLOWED IN FEMALE SLEEPING QUARTERS, JUST AS FEMALE STUDENTS WILL NOT BE ALLOWED IN MALE SLEEPING QUARTERS.**

Bedding: The students are staying in air conditioned rooms and will need to bring their own sleeping bag, pillow, and blanket. (Please see attached packing list).

Money: Students will not need any money for camp unless you desire them to have some. We will have catered meals and snacks available. All camp activities are included in the cost.

To Do List

1. Complete Camp Registration Form and payment (\$115pp) can be returned ASAP. Please make checks payable to Mission Christian Academy.
2. Sign **Medical Release Waiver**
3. Sign **Code of Conduct**

Packing List

(We recommend you mark your clothing and belongings with a permanent marker to avoid lost or stolen items)

Clothes:

- T-shirts: At least 1 per day for recreation activities (Girls please avoid white as we will be playing water Games)
- Athletic Shorts: At least 1 pair per day (Again, Girls please avoid white shorts and nothing too short...if they are too short you will be asked to change. Thanks)
- Regular changes of underclothes and socks
- 1 Pair of athletic shoes (these will probably get wet during some activities)
- FlipFlops: to use in the Shower
- Hat (any kind)
- **One Piece** swim-suit strongly preferred.
- Bring 1 pair of shorts and 1 t-shirt that you do not mind ruining!!!

Gear: Sleeping Bag, Blanket, Pillow, Towel, Self Hygiene Articles (Soap, Deodorant, Etc.), Flash Light (optional), Sun Glasses, Sun Screen Bug Repellent (optional), and Bible.

Extra:

- Plastic bag for wet clothes.
- If you bring any prescription or non-prescription medications (or other vitamins, aspirin or health care stuff) please let Jerry Ackerman know whether youth staff will administer or your child.

THE NO-NOs:

NO Weapons (Knives, Guns, Nun-chucks, etc.)

NO Illegal Substances (Alcohol, Tobacco, etc.)

NO Pets

NO Jewelry or valuables (Please do not bring anything of value to avoid it being lost/stolen)

NO Medication if it has not been registered with youth leaders

NO Profanity

Medical Release Waiver

Fall Retreat 20223

As the parent/guardian of _____, I hereby grant consent for him/her to participate in the MCA Fall Retreat to **Walnut Ridge Retreat Center in Morgantown, IN.**

I understand that Mission Christian Academy will be held harmless from any damages or claims which might arise from injuries out of any act or omission on the part of my child as a result of such trip or activity, other than negligence.

AUTHORIZATION FOR TREATMENT

As the parent/guardian of the above named child, I hereby give authorization to the staff or volunteers to take my child to an emergency room of the nearest hospital should, for any reason, they require any minor medical or surgical treatment and/or medication while participating in an approved trip or activity. I further authorize the hospital and its medical staff to administer treatment as deemed necessary by them for the well-being of said student.

I understand that staff or volunteers will make attempts to notify me in all medical emergencies, and I will be contacted, if possible, for my permission if hospitalization or treatment of a serious nature is required.

I have read and understand the above and I freely give my consent and permission of all things contained herein.

Parent/Guardian Signature Date Emergency contact number

Insurance Company Policy Number

NOTE: This form is to be completed by the parent/guardian or student cannot go on retreat. If this is not received, you run the risk that your child may NOT participate in our camp.

CODE OF CONDUCT

Fall Retreat 2023

As the parent/guardian of _____, I hereby understand that Mission Christian Academy will enforce a code of conduct. This code of conduct is to ensure safety for each student as well as to allow them the opportunity to have the best experience possible.

Participation in the MCA Fall Retreat to **Walnut Ridge Retreat Center in Morgantown, IN** is a privilege and not a right.

At any point, upon decision of Jerry Ackerman, or any of the other youth leaders, this privilege can be revoked and student will be removed from camp at the expense of the parent.

Every chance will be given to the student for this not to happen and we want them to enjoy camp as much as possible.

Reasons for parents to be called and student to be removed may include, but are not limited to:

- Use of illegal substances (drugs, tobacco, alcohol, or any other illegal substance)
- Any act of violence or threat of violence to another student, leader, or self
- Any student found in any room or designated area of the opposite sex
- Use or possession of any weapons of any kind
- Repeated disobedience or disrespect to leaders or other students

I have read and understand the above and I freely give my consent and permission of all things contained herein. I fully understand that if these rules are broken, it is my sole responsibility to drive to Morgantown, IN to pick up my student and take them home at my expense and camp dues will not be refunded.

Parent/Guardian Signature

Date

Emergency contact name and number: _____

NOTE: This form is to be completed by the parent/guardian, returned to the church. If this is not received, your run the risk of your child may NOT participate in our camp.