Registration Office
2049 Upper Laurel Drive, Arden, NC 28704
Phone 828-209-6301
Fax 828-687-1600
registration@novusway.org

Spring Break Camp at Lutheranch!

We are so glad that your child will be joining us for Spring Break Camp at Lutheranch. This four-day, three-night experience is a great opportunity for your child to experience a taste of summer camp at Lutheranch.

Please read the entire packet and complete the attached forms so your child can have the best possible experience at Spring Break Camp!

CHECK-IN

Check is in from 4:00-5:00 p.m. on Sunday, April 5, 2020

Please use 344 Salem Church Road, Tallapoosa, GA 30176 in your GPS. Do not use the 342 McGinnis Road address. When you arrive at Lutheranch, come to the McKanna Sandrock Retreat Center (follow the signs on Salem Church Road to come in the main gate of camp, then follow the long gravel road to the retreat center). At check-in you will turn in your child's medication and any missing paperwork.

CHECK-OUT

Spring break camp ends on Wednesday, April 8 at with check out from 5:00-5:30, a short closing program at 5:30 and supper at 6:00. You are invited and encouraged to enjoy the program and supper with your child. You will have the opportunity to meet your child's counselor and see what they have done during camp.

MEALS

Your child's first meal will be Supper on Sunday evening. Your family is invited to join us for supper on Wednesday evening before you return to your home. Our kitchen staff provides delicious, nutritious meals and snacks during your child's stay at camp. We are excited to enjoy a campfire cookout for supper on Tuesday night. If your child has special dietary needs, please send an e-mail to gahrens@novusway.org so we can meet those needs.

LODGING

Campers will be staying in the bunkrooms at the McKanna Sandrock retreat center. Four campers and one counselor will stay together in a room. Bathrooms with showers are provided in each room. We ask that your child bring their own sleeping bag or linens to fit a twin bed.

MEDICATIONS

If your child will be taking medication during their stay at Lutheranch, please note it on the health form. All medications should be brought in their original bottle with your child's name and the dosage clearly marked. Medication will be given by Lutheranch program staff at the times you specify. For the safety of all campers, we ask that you turn in BOTH prescription and over the counter medication at check in. Lutheranch does have a basic first aid kit so you do not need to provide band aids or other basic first aid supplies for your child.

ITEMS TO BRING

Comfortable clothing for each day at camp, including at least one extra change of clothes
Extra socks and underwear
Close toed shoes (we recommend 2 pairs in case one gets wet)
Boots for horseback riding (optional-if you have them)
A pair of jeans for horseback riding
Flip flops for the shower (optional)
Water shoes to wear in the lake (REQUIRED!!!)
A small backpack to carry your swimming gear to and from the lake (REQUIRED!!!)
2 towels (one for swimming and one for showers)
Sleeping bag or bedding for a twin bed
Toiletries (toothbrush and toothpaste, hairbrush, shampoo, soap, deodorant etc.)
Bible
Swim suit
Hat
Sunscreen and bug spray
A camera to record all the fun times
Water bottle
Camp store money (optional)

DO NOT BRING

Sandals or crocs, other than your shower and swimming shoes
Cell phones
Computers or other electronics or expensive items.
Snacks (We provide plenty of food! Snacks in your luggage invite critters into your room)

NOTE: 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!

HOW TO CONTACT LUTHERANCH

The guest services phone number at Lutheranch is **770-301-0291.** Someone always carries this phone when there are campers or guests on site. If you need to reach your child in case of an emergency while they are at camp, please use this phone number.

WHAT WILL MY CHILD BE DOING AT CAMP?

Spring Break Camp will give your child a taste of summer camp. They will get to experience a trail ride on horseback, crafts, Bible Study and worship, swimming (weather permitting) and boating on the lake, fishing and more. They will live with, learn from and be supervised by experienced Lutheranch camp counselors who have been a part of the Novus Way summer staff and have undergone an extensive staff training. Campers will do activities in small groups with other children of the same age. All campers will be together for meals, worship and evening activities.

If you have any questions about the program, please contact Gretchen Ahrens, Lutheranch Program Director at 404-583-4591 or gahrens@novusway.org

We are excited for your child to have fun, make new friends, and grow closer to Jesus, the best friend of all!

LUTHERANCH

Spring Break Camp

PARTICIPANT HEALTH FORM

This health form and the liability waivers MUST be filled out and brought with your child to camp or sent in prior to the start of camp. 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 if your child is coming to camp with someone else that you have returned this form or sent it with your child!

Participant Name

_____

Last First MI

Birth Date_____ Age_____☐ Male ☐ Female

Primary Emergency Contact Names _____

Relationship _____

Home Address _____City _____

State _____Zip_____

Please list phone numbers in the order we should call them if we need to get in touch with this person during the retreat:

First Phone _____ Second Phone_____

Third Phone _____ Parent Email_____

IF EMERGNECY CONTACT IS NOT AVAILABLE IN AN EMERGENCY, PLEASE CONTACT:

Emergency Contact #2 _____

Relationship_____

Home Address _____City _____

State _____ Zip_____

1st Phone _____ 2nd Phone _____

Emergency Contact #3_____

Relationship_____

Home Address _____City _____

State _____ Zip_____

1st phone _____ 2nd Phone _____

Physician name _____ Phone _____

Dentist name _____ Phone _____

Last name, FI _____

Health Insurance Information

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

Carrier Name _____

Carrier Address _____

Policy # _____ Phone _____

Policy Holder's Name _____

Policy Holder's Date of Birth_____

Rx Card Bin # _____ ID # _____ Group # _____

MEDICAL RELEASE AND AUTHORIZATION FOR TREATMENT

The undersigned, as parent/legal guardian of the camper (or adult if signing own form), authorizes Lutheranch, its delegated leaders, directors, and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history and examination form to the emergency room, hospital, or doctor's office providing care. Lutheranch will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases Lutheranch and its designated leaders and directors from any liability and claims arising from any consent given in good faith in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and 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 _____

Additional Information that can help us serve your child well)

Is this your child's first time at sleep-away camp? _____ at Lutheranch? _____

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 discussion? If so, are there ways that the counselor can be supportive and helpful to your child?

_____

_____.

Is there anything else that we should know?

_____

_____.

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

Last name, FI _____

Georgia
Harlason 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

_____ _____
PARTICIPANT SIGNATURE (If 18 years of age or older) DATE

_____ _____
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN* DATE

PHOTOGRAPH PERMISSION

I hereby allow myself or my child to be photographed for possible inclusion in NovusWay publications, social media publicity or the NovusWay website.

_____ _____
SIGNATURE OF CUSTODIAL PARENT/GUARDIAN or PARTICIPANT* DATE

***Signature of Custodial Parent or Guardian Required IF PARTICIPANT IS UNDER 18**

Lutheranch Equestrian Program Liability Release

WARNING

Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities pursuant to OCGA 4-12-3.

I _____(participant or parent/guardian of participant) hereby consent to the participation of _____(participant's name) in any and all of Lutheranch's Equestrian programs including, but not limited to, summer camps, trail rides, volunteer projects, and recreational or therapeutic riding lessons. I acknowledge the risks and potential for risks in riding and working with horse. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. Intending to be legally bound for myself, my heirs and assigns, executors and/or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of all animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Lutheranch and Novus Way Ministries, its staff, board of directors, volunteers, instructors, aides, owners of any horses approved for use in Lutheranch programs and all representatives, successors, assigns and/or employees thereof for any and all injuries and/or losses I/my child/my ward may sustain while participating in Lutheranch's Equestrian Programs.

Signature of participant _____

Printed name of participant_____

Date_____

Signature of parent/guardian if under 18, or not independent

_____

Printed name of parent/guardian _____

Date _____