



**hardin valley youth**

**FALL RETREAT 2023**



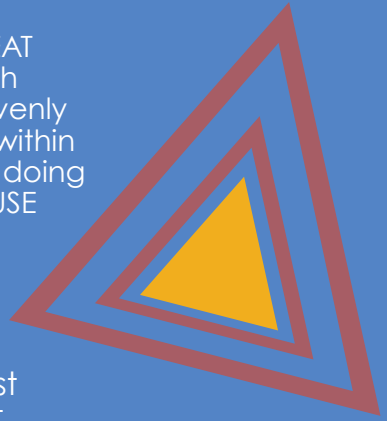
**Pack List**

**Schedule**

**Forms**

# What you Get

An amazing weekend where we RETREAT together from the world. We do this with the goals of growing closer to our Heavenly Father, strengthening the relationships within the youth group, and having fun while doing it! Our lessons will focus on pressing PAUSE in our busy lives to experience God!



## Expectations

- Do not be an idiot!
- Behave maturely and reflect Christ
- Follow any rules given by an adult chaperone or LVR camp staff
- Participate in the scheduled activities

## Schedule

**Nov 3** - Meet at HVCOC @ 6pm (no pizza, eat before arriving)

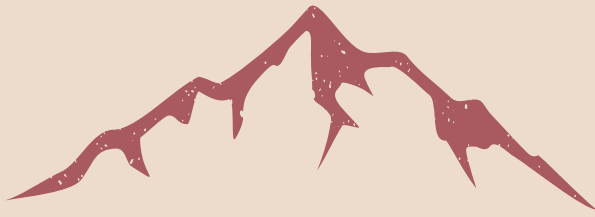
**Nov 5** - Pick up at HVCOC between 11:30am-12:00pm

**Long View Ranch** 190 Bledsoe Hollow Ln, Mosheim, TN 37818

## What to Bring

- Phones if used sparingly
- **PAPER** Bible & a good pen (don't rely on your phone Bible)
- Pillow + sleeping bag or blanket/twin sheets
- 2 sets of clean clothes
- CHECK WEATHER before packing clothes
- Toothpaste, towel, soap, deodorant, etc.
- Individual Drinks to share (soda, Gatorade, water, etc)
- Individually packaged snacks to share
- Glow sticks for GIDDO & Glow Ultimate Frisbee
- Flash lights (no phones, you will want a flash light!)
- Sports Stuff (Disc Golf Discs, Footballs, etc)
- Any talent show items you will need
- A GREAT attitude!

hvy fall retreat  
Pack List 2023



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## Friday

- 6:00 p.m. – Meet at HVCOC
- 7:00 p.m. – Head out
- 8:45 p.m. – Arrival
- 9:30 p.m. – Session ONE
- 10:30 p.m. – Family Time
- 11:00 p.m. – **Glow Fun**  
& **Free Time!**
- 11:45 p.m. – Clean up &  
Head to Rooms
- 12:15 a.m. – Lights Out

## Sunday

- 7:30 a.m. – Bags on porch!
- 7:35 a.m. – Final Clean-up
- 8:00 a.m. – Breakfast
- 8:30 a.m. – Session FOUR
- 9:45 a.m. – Group picture
- 10:00 a.m. – Leave for K-Town

## Saturday

- 8:30 a.m. – Breakfast
- 9:30 a.m. – Session TWO
- 11:00 a.m. – T.A.W.G.
- 12:00 p.m. – Lunch
- 12:00 p.m. – “Vols by Fiddy”  
UT vs UConn Watch Party**
- 1:00 p.m. – **Free Time Outside**
- 3:30 p.m. – Family Games!
- 6:30 p.m. – Dinner
- 7:30 p.m. – Session THREE
- 8:45 p.m. – Family Time
- 9:30 p.m. – **Free Time Outside**
- 9:35 p.m. – Camp Fire!
- 10:30 – HVY Talent Show
- 11:30 – **MS** Head to Rooms  
**HS** Game Time
- 12:00 a.m. – **MS** Lights out
- 1:00 a.m. – **HS** Lights out

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**HARDIN VALLEY CHURCH OF CHRIST  
MEDICAL RELEASE FORM 2023**

**Emergency Contact Information**

Effective dates: January 1, 2023 to December 31, 2023

**Please print in ink and SIGN the back of this form (you and child) before you turn it in.**

Name: \_\_\_\_\_ Age: \_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_ Grade: \_\_\_\_  
Gender: Male/Female Email: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Mother's name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Father's name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Physician: \_\_\_\_\_ Office phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Dentist: \_\_\_\_\_ Office phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Medical History**

**Explain the following areas of concern for this student. If needed, add another page with details.**

1. Please list and explain any allergies your child has? (eg. pollens, food, medication, insect bites)

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2. Please explain any persistent medical problems your child currently has or has experienced: (eg. asthma, epilepsy/seizure disorder, heart condition, diabetes, disability ...)

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3. Please list any medications your child is currently taking:

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4. Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_\_

5. Should this child's activities be restricted for any reason? Are there any activities that this child should not participate in? Please list and explain:

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Note: Please remind chaperones of these restrictions before youth group events and activities.

Additional comments:

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**HARDIN VALLEY CHURCH OF CHRIST  
MEDICAL RELEASE FORM 2023**

**Medical Release and Permission Form**

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive without pre-approved permission
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I \_\_\_\_\_ [the student] have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ [Name of Student] has my permission to participate in youth group activities.

Parent/guardian signature. \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Hardin Valley Church of Christ 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 Hardin Valley Church of Christ. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, adults, 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 or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, 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 youth ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please submit in writing any changes that occur in your health insurance policy.

