



P22 Youth Foundation Teen Camping Spiritual Retreat

March 25, 2024

Dear Parents/Guardians,

Thank you for allowing your child to attend the P22 Youth Foundation Camping Spiritual Retreat. We are so excited to be heading into our 12th Annual Teen Spiritual Retreat. We are honored to once again host this year's camping retreat for 6 days at the beautiful Mohican State Park in Loudonville, Ohio from **Sunday, July 21st - Friday July 26th, 2024.** Below you will find the details for the event.

Campsite: Mohican State Park, 3116 State Route 3, Loudonville, Ohio 44842

Departure Times / Location - Sunday, July 21st - 8:00 a.m.

- All Campers should be ready to board the bus in the North parking lot of Church of the Saviour at 2537 Lee Road, Cleveland Heights, Ohio 44118.

Arrival Times / Location - Friday, July 26th – 5:00 p.m.

- All Campers will arrive at the North parking lot of Church of the Savior at 2537 Lee Road, Cleveland Heights, Ohio 44118.

Medical Team

- Ernest Smoot, M.D. – 216-295-0200
- Joseph C. Walker, D.D.S. – 216-235-9868

Camp Director

- Joseph C. Walker, D.D.S. – 216-235-9868

Hospital Location (Approximately 30 minutes from campsite)

- Knox Community Hospital Urgent Care, 1490 Coshocton Avenue, Mount Vernon, Ohio 43050-1440, (740) 393-9111

Retreat Theme – “The Power of Prayer: Get Connected, Stay Connected”

Counselor to Child Ratio - 1:4

Again, thank you for entrusting us with your child for this inspiring, exciting, and fun spiritual camping retreat. Please be sure to complete all the attached paperwork and turn it in by July 12th, 2024. If you have any questions, please feel free to contact me at (216) 235-9868 or Eileen Bland at (216) 240-6232.

Sincerely,
Dr. Joseph C. Walker D.D.S.
Camp Director

TEEN CAMPING RETREAT NECESSITIES

The following is a checklist of items each camper needs to bring to the Retreat.

All luggage must have a "Name Identification" tag. ** It is highly recommended that all items be packed in a plastic storage tote/container no taller than 15" in height. (Ex. Gorilla Footlocker, Sterilite Storage Totes, Rubbermaid Storage Containers, etc.)

*****No electronic devices are allowed during the retreat. They will be collected and returned at the end of the retreat.**

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- | | |
|---|---|
| <input type="checkbox"/> Bible | <input type="checkbox"/> Durable Eating Utensils
(non- disposable plate, bowl, cup, knife, fork & spoon) |
| <input type="checkbox"/> Rain Gear | <input type="checkbox"/> Toothbrush |
| <input type="checkbox"/> Water bottle/Canteen | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Flashlight | <input type="checkbox"/> Comb & Brush |
| <input type="checkbox"/> Sun Protection | <input type="checkbox"/> Wash Cloth |
| <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> 2 Hand Towels |
| <input type="checkbox"/> Long & Short-sleeve Shirts | <input type="checkbox"/> 2 Bath Towels |
| <input type="checkbox"/> Hiking Shorts | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Hiking Shoes or Comfortable Tennis |
| <input type="checkbox"/> Swim Trunks (Boys) | <input type="checkbox"/> Swimsuit (Girls)
* No bikinis, belly button & mid-drift must be covered |
| <input type="checkbox"/> Shower Shoes or Flip Flops | <input type="checkbox"/> Boating Shoes |
| <input type="checkbox"/> Hat | <input type="checkbox"/> Sleeping Bag |
| <input type="checkbox"/> Long Pants | <input type="checkbox"/> Soap |
| <input type="checkbox"/> Backpack | <input type="checkbox"/> Deodorant |
| <input type="checkbox"/> Duffle Bag | |
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Attendance of one of the Parent/Camper Orientation Sessions is **Mandatory.**

Orientation sessions will take place at **Church of The Savior, 2537 Lee Road, Cleveland Heights, Ohio 44118** on the following dates/times:

- May 16th @ 7pm
- May 30th @ 7pm
- June 13th @ 7pm
- June 27th @ 7pm
- July 11th @ 7pm



P22 Youth Foundation Teen Camping Spiritual Retreat

PARENT/GUARDIAN PERMISSION / MEDICAL INFORMATION FORM

I give my child, _____, _____ permission to attend the P22 Youth
Camper Name Age

Foundation Teen Camping Spiritual Retreat at Mohican State Park, 3116 State Route 3, Loudonville, Ohio 44842 on
Sunday, July 21st – 26th 2024 .

Camper Information

Male Female Date of Birth _____ Nickname _____ T-shirt Size _____

Street Address _____
City, State Zip Code _____

Parent/Guardian Information

Name _____ Relationship _____

Phone Number (s) _____
Home Cell Work

Emergency Contact Information

Name _____ Name _____
Relationship _____ Relationship _____
Phone _____ Phone _____

Emergency Transportation Authorization

In the event of an illness or injury, which requires emergency treatment, the P22 Youth Foundation medical team may secure emergency transportation for my child. The emergency transportation service will determine to which facility my child will be transported.

Health/Insurance Information

Personal Health/Accident Insurance Carrier _____ Group# _____
Medicaid/MMIS# _____ ID# _____ Policy# _____

Allergies (Medicines, Foods, Environment, etc.) _____
Prescription Medication (Dose, Route, Frequency...) _____
Medical Condition(s) _____ Tetanus Booster Date _____

While at the Teen Camping Spiritual Retreat, campers will be engaged in several activities (hiking, canoeing, basketball, etc.) Are there any physical limitations for your child? [] Yes [] No. If yes, explain _____

Parent/Guardian Signature

Date



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RELEASE FORM

Use of Images: P22 Website and Promotional Materials: _____ (Initials)

The undersigned irrevocably consents to and authorizes the **P22 Youth Foundation** and/or any of its members or representatives or agents the absolute right and permission to copyright and or/ publish, pictures of me in which I may be included in whole or in part, or composite or distorted in character or form, in conjunction with my own name, or reproductions thereof in color or otherwise, made through any media at their Internet web site or elsewhere, for art, advertising trade or any other lawful purpose whatsoever.

I hereby waive all my rights that I may have to inspect and/or approve the finished product or advertising copy that may be used in connection there with or the use of which it may be applied.

I hereby release, discharge and agree to save the **P22 Youth Foundation**, any of its members and/or representatives or agents from any liability by virtue of any blurring, distortion, alteration, optical illusion, and or use in form, whether intentional or otherwise, that may occur or to be produced in the taking of said pictures, or in any processing tending towards the completion of the finished product.

In giving this consent, I release the **P22 Youth Foundation**, and any of its members and/or representatives or agents from the liability for any violation or any personal proprietary right I may have in connection with such use or reproduction.

General Release: _____ (Initials) In consideration for being allowed to participate in the **P22 Youth Foundation Teen Camping Retreat**, the participant’s guardian does hereby: (a) acknowledge and fully understand that participants will be engaged in activities that involve risks of injury which may result from not only participant’s actions, inactions or negligence, but might result from the actions or negligence of others, the conditions of the premises or of any equipment used and that there may be other risks not known r not reasonably foreseeable at this time; (b) assume all the aforementioned risks; and (c) release, waive, discharge, defend, indemnify, and hold harmless the P22 Youth Foundation (collectively, “Released Parties”), camp staff and camp sponsors, from any and all liability to the participant, his or hers and next of kin, for any and all claims, demands, losses or damages on account of any injury or loss in any way related to the Teen Camping Spiritual Retreat or the participant’s participation therein, including physical injury (and death) and damage to property, caused or alleged to be caused in whole or in part by any Released Party or otherwise.

Medical Release: _____ (Initials) In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission/consent to the **P22 Youth Foundation Camp Medical Team**, to evaluate each situation and secure proper medical treatment by the selected Hospital or Licensed Health-Care Practitioner. Treatment may include, but not limited to hospitalization, anesthesia, surgery, or injections of medication to my child. I hereby give my consent. _____ (Initials) if the Medical Team need to administer medications; all over-the-counter medications (e.g. Tylenol) will be given per labeled dosage instructions. Prescription medications (sent by parent) will be given per above instructions and must be in original pharmacy labeled container with child’s name, and dosage. I hereby give my consent.

Property Search Release: _____ (Initials) In order to maintain a safe environment for all campers and staff, we respectfully ask for your permission to search and seize the property of your child, if we feel it necessary. Please know that weapons, any and all illegal contraband are prohibited on this camping trip. Your signature below gives expressed permission to search any property of your child.

Conduct Release: _____ (Initials) In the event your child fails to abide by the **P22 Youth Foundation Camp Rules and Regulations**, the P22 Youth Foundation Camp Staff will disengage the camper from all camping activities immediately after appropriate corrective efforts have been made and are unsuccessful. The camper’s parent/guardian will be allowed to pick up the child from the camp. In the event the parent/guardian is unable to pick up their child, the camper will be transported by a member of the camping staff and delivered to the parent/guardian. Thus the parent/guardian must incur the cost of \$100.00.

Electronic devices such as cell phones, tablets, laptops, video games and any other handheld personal device are strictly prohibited on this camping trip. Any such device found during the retreat will be confiscated and secured until the end of the retreat. Confiscated devices will be returned to the camper or parent at the end of the retreat. _____ (Initials)

PARENT/GUARDIAN CONSENT

Print Campers Name _____

Print Parent/Guardian Name _____

Signature _____ Date _____



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WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization and is considered extremely contagious.

The P22 Youth Foundation (“P22”) has put in place protective measures to lessen the likelihood of exposure; however, P-22, including its directors, officers, counselors, and volunteers, cannot guarantee that you or your child(ren) will not be exposed to or become infected with COVID-19.

The undersigned acknowledges, understands, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks for myself and/or my child, both known and unknown, even if arising from the negligence of the RELEASEES (defined below) or others including but not limited to other parents and retreat participants, and assume full responsibility for my or my child’s participation and acts; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant lack of compliance or hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest P22 official immediately; and,
4. I hereby acknowledge that P22 and the RELEASEES in agreeing to you or your child’s participation in the P22 Teen Spiritual Retreat (the “Retreat”) are relying upon your statements in this Release and their truthfulness, as well as my or my child’s compliance with the terms and conditions for participation in the Retreat and that such reliance is reasonable, and but for the Release RELEASEES would not agree to my or my child’s participation in the Retreat; and
5. I hereby release, indemnify, and hold harmless P22 Youth Foundation, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), with respect to any and all illness, disability, death, or loss or damage to person or property, claims or causes of action, whether arising from the negligence of RELEASEES or otherwise, to the fullest extent permitted by law; and

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature

Print Name _____

Signature _____ Date _____