



## **GROUP REGISTRATION PROCEDURE**

All registration information should be completed and sent to:

**ATTN: Zach Bashore**  
**CHRISTIAN RETREAT CENTER**  
**369 CRC Drive**  
**East Waterford, PA 17021**

1. **REGISTRATION:** Fill out the form and send it in with your deposit as soon as possible.
  - Registrations will be processed and work-weeks assigned on a first-come/first-serve basis.
  - A \$500 deposit is required. This is non-transferable and non-refundable.
  - Review and sign our Sexual Abuse Prevention Policy. One copy per group needed.
  - After mailing in your registration, deposit, and abuse prevention policy, you will receive a confirmation packet containing all of the details for your week at TIMS.
  
2. **TEAM LIST (Due May 10th, 2024)**
  - This list helps us to identify how many work sites your group will need and what projects your team will receive. Youth Pastors/Leaders will be responsible for assigning work teams. 6 to 10 people is the recommended size.
  - Team lists must include all members who are participating. This includes names, ages, and t-shirt sizes of all in attendance.
  - Teams are requested to bring 1 adult leader for every 5 youth. Any changes to the Team List need to be made no later than one month before your arrival. Team member who cancel within two weeks of the arrival date will not be refunded.
  
3. **MEDICAL FORM (Due May 10th, 2024)**
  - All participants and leaders attending must fill out a medical form.
  
4. **Vehicle Information and Cell Phone Number List (Due May 10<sup>th</sup>, 2024)**

**Registration Form:**  
**Together In Mission Services**  
**Make checks payable to Christian Retreat Center**  
(Please print clearly)

Date \_\_\_\_\_

Church/Group: \_\_\_\_\_

Address of Church: \_\_\_\_\_  
(Street or Post Office Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State/Province)

\_\_\_\_\_  
(Zip)

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Office Number: \_\_\_\_ or Cell Number: \_\_\_\_\_

Tentative Work Project Dates: (Number in order of preference)

Week 1: June 9-15 \_\_\_\_\_

Week 2: June 16-22 \_\_\_\_\_

Group Size (estimate) \_\_\_\_\_: Adults \_\_\_\_\_ Youth \_\_\_\_\_ Children \_\_\_\_\_

Specific skills your group will bring to TIMS:

Carpentry: \_\_\_\_\_

Mechanical: \_\_\_\_\_

Electrical: \_\_\_\_\_

Painting: \_\_\_\_\_

Skills: \_\_\_\_\_

**The total cost per person is \$340.00**

A \$500.00 deposit (non-transferable, non-refundable) is to be mailed-in with your registration. Checks are to be made payable to: Christian Retreat Center. The deposit will be subtracted from your total balance due.

# TEAM LIST

**Due May 10th, 2024**

Page \_\_\_\_\_ of \_\_\_\_\_

(Please make copies of this form as needed)

**CHURCH/GROUP NAME** \_\_\_\_\_

The following information is to be completed for each team member. Please mark if the member is a Leader or Student. Duplicate this page as needed to include all members of your group (indicate any part-week participants and which days).

**Name** \_\_\_\_\_ **Leader** \_\_\_ **or Student** \_\_\_ **Age** \_\_\_\_\_

**M** \_\_\_ **F** \_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL 2XL 3XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Leader** \_\_\_ **or Student** \_\_\_ **Age** \_\_\_\_\_

**M** \_\_\_ **F** \_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL 2XL 3XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Leader** \_\_\_ **or Student** \_\_\_ **Age** \_\_\_\_\_

**M** \_\_\_ **F** \_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL 2XL 3XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Leader** \_\_\_ **or Student** \_\_\_ **Age** \_\_\_\_\_

**M** \_\_\_ **F** \_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL 2XL 3XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

**Name** \_\_\_\_\_ **Leader** \_\_\_ **or Student** \_\_\_ **Age** \_\_\_\_\_

**M** \_\_\_ **F** \_\_\_ **Shirt Size** (adult sizes - circle one) **S M L XL 2XL 3XL** Other \_\_\_\_\_

**Skills or Interests** (include special training/experience- yrs. of experience)

**Additional Information** (any information that may be helpful for TIMS to know)

*(Make copies of the medical release form for each student and leader attending)*

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
                    FIRST                    MIDDLE                    LAST

Year in school \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ cell \_\_\_\_\_

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

Parent/Guardians Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Is your child in general good health and able to participate in all normal TIMS activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no please submit a statement of limitations.

Dietary Needs \_\_\_\_\_ Reason for Dietary Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Reason for Medications \_\_\_\_\_

Physical Disorders \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY:**

(Must be signed by participant and parent/legal guardian if participant is minor.)

The undersigned does hereby release, discharge, indemnify and hold harmless Teens In Missionary Service and Christian Retreat Center and all of their parent and affiliated organizations and all of their officers, agents, contractors, directors, members, participants, and employees from all claims, demands, actions, judgments, and/or liabilities of whatsoever kind of nature, including any costs, attorneys' fees, losses or expenses in connection therewith, in any way relative to, arising out of, or by reason of, my [minor child's] participation in, and attendance with the Teens In Missionary Service ministry and/or any related facilities, including claims or demands for injury or death to me [minor child], or destruction of any of my property arising out of any accident or occurrence with, said attendance, participation and/or presence, whether negligent or otherwise. This waiver, release and indemnification is given in consideration of, and as a condition to, permitting the undersigned to participate in the Teens In Missionary Service ministry. THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING. The terms and provisions of this waiver, release and indemnification shall be binding upon the heirs, executors, administrators of the undersigned, and use of this waiver, release and indemnification in the absence of the signature below, shall constitute acceptance of the terms and conditions herein. THE UNDERSIGNED expressly acknowledges and agrees that the activities of this ministry involve the potential risk of injury and/or death or property damage. THE UNDERSIGNED further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in legal full force and effect. In signing this form I also give permission to use photographs, audio, video footage including my child in camp publicly, along with any media publication that might cover the TIMS program.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Participant if over 18)

\_\_\_\_\_  
(Signature -parent/legal guardian)

## Vehicle Information Sheet

Your vehicle(s) will be needed to transport your teams to and from the work-sites during TIMS. Vans, small buses and SUV's are the best vehicles for transportation. If you bring a charter bus or customized van, you are still responsible for supplying transportation to the work-sites for the number of participants you bring.

Please provide information about your vehicle(s) in the spaces below. Include a primary driver for each vehicle and any other adults that can also drive that vehicle. If someone is able to drive more than one vehicle, please list them under each vehicle they can drive. All drivers must be at least 21 years of age and fully covered by auto insurance. All vehicles should be safe and in good repair.

**Planning for the number of work sites is dependent upon the accuracy of this information.**

	<u>Vehicle Type</u>	<u>Capacity</u>	<u>Driver's Name</u>	<u>Age</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please keep a copy of this form for your records.



# **Christian Retreat Center**

## **Sexual Abuse Prevention Policy**

### **Together in Mission Services**

Please sign and return with registration form.

It is of first importance that the Christian Retreat Center is able to provide a healthy atmosphere for the growth and spiritual development of children, youth, and adults. The mistreatment or neglect of children and the resulting severe effects is of primary concern to CRC. Child abuse is mistreatment or neglect of a child by parent(s) or others resulting in injury or harm. Abuse may be physical, verbal, emotional, or sexual and can lead to severe emotional, physical and behavioral problems. Due to its concern for the welfare of children and youth, CRC has developed policies, standards, guidelines, and training to aid in the detection and prevention of abuse. In addition, employees and volunteers are screened and background checks are conducted.

#### **Cabins**

The cabins naturally have a higher risk for sexual abuse to happen as stated in sexual abuse overview sheet.

Youth Leaders should do the following when in the cabins...

- No men in the women's cabins. No women in the men's cabin.
- It is recommended youth leaders have beds on opposite sides of the cabin so they can monitor from different perspectives.
- Youth leaders will keep a clear sight of vision to all the bunk beds. Do not allow towels or blankets to be draped over the sides that may create "fort like structures", secrecy, and visual barriers.
- Youth leaders will keep the bathroom door open when campers are using the showers (privacy will not be invaded with an open door. Individuals will have privacy when in the shower/bathroom stalls).
- When having to assist a student in the shower the youth leader will be clothed and will remain in sight of the bathroom door which provides visibility for those who are in the bunk room. A youth leader will never physically enter the shower with a camper.
- Youth leaders will not embarrass or shame campers who desire to change outfits in privacy or in the bathroom stalls.
- Youth leaders will not change clothes openly (meaning to make a display of or attract attention to) and should do so in a calm and in a nonchalant manor.
- Youth leaders will not do shower checks to see if campers are clean or to see if they used soap and shampoo.
- Youth leaders will not allow wrestling, inappropriate dancing, or nudity in the cabin.
- Youth leaders will not lay down in the same bed as a camper,
- Never be in a cabin (or any other building) in a one-on-one situation. If a one-on-one situation is likely to happen join another cabin temporarily until more people arrive to be with you in your cabin, join a group of people, or wait outside where visibility is clear.

#### **Around the Camp**

Youth leaders are to supervise their students at all times. Students are not permitted into building without a leader's supervision. There will be a minimum of three people in every group regardless of where they are on the grounds.

**Job Sites**

Do not allow students to go into the homeowner's home alone. Always go in groups when/if invited in. Know where your students are and what their projects are at all times.

These policies are in place not to be a hindrance to groups enjoying a great week of TIMS, but to provide protection for the students, the youth leaders, your church/ministry, and for CRC.

The staff at the Christian Retreat Center has completed required state background checks which include Criminal Background Checks, Child Abuse Clearance, and FBI Fingerprinting.

We are trusting that your church/ministry has also take the proper precautions to screen and clear your youth leaders.

Please print and sign your name stating you have read and will respect our sexual abuse prevention policy in order to keep every as safe as possible.

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Sign Name

\_\_\_\_\_   
Date