Deep Freeze 2017

February 3-5, 2017
Camp Berea, Hebron, New Hampshire

Power up with Deep Freeze and you’ll be pushed to the limit both physically and spiritually. Games, chapel sessions and activities will keep you moving all weekend. Hoop it up with your friends at the basketball tournament or spike the competition at the volleyball tournament. Fulfill your need for speed with a momentous tube run down Avalanche Alley. It’s all up to you. Ready to test your team skills? Red and Blue Teams will square off again. Warm up with hearty meals from our buffet, but save room for some fried dough from the snack shop*. Get ready for a weekend you’ll never forget! Join hundreds of students and prepare yourself for a whole new adventure at DEEP FREEZE. You’ll leave with great memories and a growing relationship with God!

Registration cost: $165; $50 nonrefundable deposit & registration forms are due by Sunday, January 8, 2017. Balance due NO LATER THAN Sunday, January 29, 2017. Spots are limited, so register early. Limited scholarship funds available - must apply prior to Wednesday, January 3, 2017. (Scholarship Applications are included in this packet or from Leanne upon request.) If you are able, and would like to contribute to our Scholarship Fund to help others attend, please write a separate check and note it in the memo.

* Additional fee for the snack shop.

Additional Questions Contact: Leanne Knight at lknight@bethanychurch.com

Speaker: Lucas Ramirez develops next generation leaders. He is a man renewed by the love of Jesus and loves to inspire passion for Christ in others. He currently serves as Executive Director for The Gathering Place (thegp.org), a Christian leadership development organization that impacts over 12,000 students each year with the mission to reach, equip and send them with the power of the Gospel. He is a graduate of Eastern University’s Youth Ministry program and also serves on the ministry council for the National Network of Youth Ministries. Lucas now resides in Coastal Georgia, but being a native to Argentina, he is proud to be from the south. Lucas married the love of his life Thea and they have three kids: Luci, Max and Teddy.

Band: The Great Romance is a worship/rock band from the St. Louis, MO area. They travel the country spreading the gospel of Christ through music and more. The band consists of Matt Vollmar (lead vocals, rhythm guitar, piano), Chase Weber (lead guitar), and Cory Wilkinson (bass). The band has shared the stage with some of today’s biggest Christian acts including: Switchfoot, Kutless, Audio Adrenaline, David Crowder, and Gungor. They have also played a ton of festivals including AGAPE/Greenville, IL, Kingdom Bound/Buffalo, NY and Disney’s Night of Joy/Orlando, FL. They continue to travel the country, California to New Jersey, Michigan to Florida.
Arrive by 5:30PM, on Friday, February 3. Eat before you arrive. We will be leaving Camp Berea at 12:30PM on Sunday, February 5. We should be back to the Barn around 2:00PM.

Don’t forget to bring...

___Warm Clothes (Boots, Gloves, Coat, Hat, Snow pants)
___Bedding/Sleeping Bag/Pillow
___Bible, Notebook, Pen
___Gym Clothes (shorts, t-shirt, sneakers)
___Spending money for snack shop or book store
___Towels and Toiletries
___Flashlight
___Comfy shoes
___Camera (disposable kind recommended)
___Ear Plugs (SNORING)

What NOT to Pack/Bring

- No Cell phones
- No iPods or MP3 players or other electronic equipment (See NEW Cell phone/Electronics Policy enclosed.)
- No Drugs/Alcohol/Weapons (Including knives)
Hello Parents,

We are so glad your students are a part of Student Ministries here at Bethany. We would like to take a minute and explain a policy we feel is important and is now an official policy of our ministry - The Cell Phone/Electronics Policy.

We have a long standing expectation that on overnight trips, students are not allowed to bring their cell phones, iPad, tablets, mp3 players, etc. This rule was not created in order to cut them off from communicating with you, their parents. Rather, it was created to keep students from becoming ‘islands unto themselves’ while on the retreat. We already face the challenge of creating community with students from over fifteen schools and thus we hope that by removing the obstacle of electronics, students will be more open to community and sharing life together, instead of listening to music, spending time on social media, or texting their friends back home during the retreat.

At no time on these trips are students beyond your reach as parents. The adult leaders and I always have our cell phones on, and emergency cell phone numbers are distributed before each trip. If your student would like to reach you or if you need to speak with your student, our phones are always available. You are never more than a phone call away.

Over the years we have seen first-hand the difference allowing electronics and phones has made, and how it directly impacts the level of bonding and community formed. These experiences just reinforce our decision not to allow these devices on trips.

If we find a student on a retreat with a cell phone or some other form of technology, we will take it and hold it for the rest of the trip. We want our students to gain the most they can out of the retreats and so we ask for your support in this. The most helpful thing you can do is to remind your student of the policy and then to make sure he/she gives you their cell phone, etc. before he/she leaves for the week or weekend.

We in Student Ministries see ourselves as a resource and want to partner with you on your student’s spiritual journey of becoming a disciple of Jesus who makes disciples. Let us know if there is anything we can do to partner more effectively with you, and thank you for your support.

Blessings,
Sam
2017 Deep Freeze
Bethany Church Registration/Permission/Medical Release Form

This two page form, consisting of a medical care authorization form and a release of liability form is intended to be used in conjunction with the following Bethany Church youth activity:

Deep Freeze Retreat, Camp Berea, Hebron, NH

which is expected to occur on the following date(s):  February 3-5, 2017
Both pages must be completely filled out and signed by a parent or legal guardian of the youth who will be attending the activity. Failure to complete and sign both pages of this form shall be sufficient to deny the youth’s participation in the scheduled activity.

The following items are not permitted to accompany the youth at this activity and will be confiscated: Electronics (cell phones, iPods, walkmans, DVD players) any kind of drugs, alcohol, cigarettes or any other similar items.

MEDICAL CARE AUTHORIZATION
(Please print all information)

Name of Youth

Street Address

City, State, Zip

Date of Birth

Grade_____

Phone #

Parent/Guardian #1

Alt. Phone

Parent/Guardian #2

Contact/Number

Youth’s allergies

Significant medical history

Youth’s doctor

Doctor’s Phone Number

Insurance Company

Policy Number

Person to be notified in case of emergency (if parents unavailable)

Cell Phone Number

Home Phone Number

Other information we should be aware of:
MEDICAL CARE AUTHORIZATION

I, ________________________________________________ (print parent/guardian’s name), the parent or guardian of ____________________________________________ (print youth’s name), the youth, by signing this Medical Care Authorization grant permission for emergency medical treatment to be rendered to the above-referenced youth in the event such treatment becomes necessary, and I authorize Bethany Church, its pastors, and youth workers to secure such treatment that they deem appropriate under the circumstances. This permission is given with the understanding that in the event of illness or the need for first aid, an operation, and/or major surgery, Bethany Church, its pastors, or youth workers will use reasonable effort to contact me. Such contact, however, shall not be a requirement for administering such emergency medical treatment if in the sole discretion of Bethany Church, its pastors, or youth workers, such efforts to contact me could not reasonably be affected, nor shall the failure to contact me create any liability whatsoever.

I have read and understand the preceding paragraph, and voluntarily sign this Medical Care Authorization on my behalf and on behalf of the above-named youth.

______________________________________________________________________
Signature of Parent of Guardian Date

RELEASE OF LIABILITY

I, ___________________________________________ (print parent/guardian’s name), the parent or guardian of ____________________________________________ (print youth’s name), the youth, by signing this Release, do for myself and the above-named youth, release Bethany Church, its members, officers, directors, pastors, youth workers, agents, and employees from any and all liability for all losses, damages and personal injuries to myself and to the above-named youth resulting from any actions or inaction, breach of duty or other cause whatsoever in connection with the above-referenced activity whether related to the emergency medical treatment referenced above or whether related to any other matter related directly or indirectly to the scheduled activity and any transportation in connection with such activity.

I have read and understand the preceding paragraph, and voluntarily sign this Release on my behalf and on behalf of the above-named youth.

______________________________________________________________________
Signature of Parent of Guardian Date

Media Release

I, _________________________________ give permission to Bethany Church to use both images and/or sound clips of myself, in part or in whole for cablecast, broadcast, printed publications, website use, or other public viewing.

Student Signature: _________________________________ Date: _______________
Parent Signature: ______________________________ Date: _______________

Cell Phone/Electronic Policy

I, _________________________________, student, and I ______________________________, parent, have read the enclosed policy about cell phones, iPods, etc. I understand the implications if I have brought one with me on this trip.

Student Signature: _________________________________ Date: _______________
Parent Signature: ______________________________ Date: _______________
Deep Freeze 2017
Camper Information/Permission and Release

Group Name: Bethany Church  Attending Leader’s Name: Sam Larrabee

Camper Information

Camper’s Name: ____________________________ Date of Birth: ____________ Male ___ Female ___ Grade _____

Street Address: ____________________________ Camper’s Email ____________________________

City: __________________ State: ____________ Zip Code: ____________

Parent/Guardian #1: ____________________________ Contact # __________________ Circle: Cell/Home
Parent/Guardian #2: ____________________________ Contact # __________________ Circle: Cell/Home
Parent/Guardian #1 Email: ____________________________ Parent/Guardian #2 Email ____________________________

Permission Statement

I understand and certify that my child’s participation in Camp Berea Inc.’s Deep Freeze activities is completely voluntary and I have familiarized myself with the camp’s program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Deep Freeze programs and particularly, but not limited to activities in the snow, football, riflery, broom hockey, volleyball, basketball, paintball, dodgeball and wall climbing. I acknowledge that although Berea has taken safety measures to minimize risk, Berea cannot guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by Berea rules, regulations and procedures for the safety of camp participants.

In an emergency, I hereby give permission to the physician or hospital selected by the camp director to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy, or surgery for my child as named above.

To be signed by parent or guardian for those under 18 ____________________________ Date ____________________________

By signing, I also grant permission for the use of any photos taken of the child named above in Berea promotional materials.

Medical Information:

Known allergies, medical problems or physical limitations: ____________________________

Emergency Contact (if parent not available): ____________________________ Phone # ( ) ____________________________

Relationship: ____________________________

Insurance Information:

Insurance Company: ____________________________

Policy # ____________________________ Group # ____________________________

Name of Policy Holder: ____________________________

If no insurance, I agree to pay for any necessary treatments ____________________________ (signature)
Student Ministries Camp
Scholarship Form

Bethany Student Ministries wants to make it possible for any student to attend camp who wishes to. Scholarships are available for those with financial need through the BSM Scholarship Fund. However, in order to ensure funds given to us are being used for those with the greatest need, we request that you complete this form. Our funds are limited, but we want to do our best to serve you and to make attending camp a possibility and not a hardship. Please keep in mind that all scholarship requests will be confidential.

How to Apply
A. Complete scholarship application. Use one application per camper (you may copy this form).
B. Mail this application along with a non-refundable deposit per child and separate registration form for each child to the church at:
   Bethany Church
   Attn: Student Ministries
   500 Breakfast Hill Rd
   Greenland, NH 03840
C. We will notify you regarding the status of your application. If you are not granted a scholarship, we will refund your deposit.

1. Is the camper connected with Bethany Church (circle)? -------------------------- > Yes   No
2. What is the total cost for the program your child is seeking to attend? $ ______________
3. In addition to the deposit, the amount (if any) parents/guardian are able to contribute $____________________

If, as the requestor, you are not an immediate family member, we ask that you complete this form in full cooperation with the camper’s parents or guardians.

General Information:

Camper Information

____________________________________               ___________________________________
Full Name               Birth Date

____________________________________
Address

Requestor Information (parent/guardian/other)

____________________________________                  Relationship to Camper
Full Name

____________________________________
Address

Phone

Explanation: (Please briefly share the reason for the scholarship request.)
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________