

CHAPELGATE



May 2021

CCA Parents & Students:

Every other year, CCA takes the high school on a four-day retreat to kick off the school year. Next year our retreat will be held at the NorthBay Adventure facility located in North East, MD. You can visit their website at:

<http://www.northbayadventure.org>

This retreat is an excellent opportunity for our high school to come together as a student body, grow spiritually, and form life-long friendships.

Please note the following information:

- August 31st – Sept 3rd will be considered school days.
- Students should arrive at CCA on Tuesday, Aug 31st at 1:30pm (Time subject to change) and will depart from CCA approximately 2:30. They will return to CCA on Friday, September 3rd approximately 1:30 pm. Parents will receive a telephone update confirming arrival time.
- The speaker this year will be Steve Dallwig. Steve is the high school youth pastor for Chapelgate Presbyterian Church. He is a great resource for the kids in the building and after a year of not being able to connect with our students, this was the perfect opportunity for him to speak.
- We will need lots of parent helpers! The two ways to help are as chaperones (12 male and 12 female) and kitchen workers (25). If you are willing to volunteer your time, please fill out the enclosed volunteer form and return to Mr. Krabitz as soon as possible.
- Students that have not turned in their paperwork by August 20th may not be able to attend the retreat. This date is important to remember:

All paperwork is due to Mr. Krabitz by Wednesday, August 20th.

The medical forms MUST be dated after July 1, 2021.

PLEASE NOTE the earlier you submit your paperwork the higher the chances of being roomed with more of your friends.

Sincerely,

Ken Krabitz

Director of Athletics & Student Activities

2021

Fall Retreat at NorthBay

Checklist

ITEMS TO BE COMPLETED BY August 20 – turn in to Mr. Krabitz

- Fall Retreat NorthBay 2021 Registration Form
- CCA Permission Slip
- Medical Forms – **THESE MUST BE DATED AFTER JULY 1**
 - Maryland State Medication Authorization Form
 - Discretionary Medication Administration Sheet
- Roommate Request Form
- NorthBay Waiver Form

ALL LUGGAGE MUST BE LABELED

- Students will be given a luggage tag provided by CCA at the registration table during check in. It will have the students name and cabin number on it.
- Students should limit their luggage to one suitcase and one carry-on – **PLEASE label all personal items!**

ITEMS TO BRING

- All toiletries: toothpaste, soap, shampoo, toothbrush, deodorant, etc.
- Clothes for four days: plan for hot, cool, and wet weather. Also, bring one set of clothes that can get dirty.
- Bathing suit and Beach towel
- Cash for snack bar and store
- Flashlight
- Rain gear
- Bath towel (bed linens will be provided)
- Class colors for activities: students must have at least one t-shirt of their class color.
 - Seniors – Black
 - Juniors – Blue
 - Sophomores – Red
 - Freshmen - Green

ITEMS NOT TO BRING

- Hand held devices including music players will ONLY be allowed for the bus ride. **THEY MUST BE LABELED WITH STUDENT'S NAME AS THEY WILL BE COLLECTED BEFORE THE STUDENT EXITS THE BUS AT NORTHBAY.** These collected devices will be kept in a locked room and returned when loading the bus at the end of the trip. Chapelgate and NorthBay staff will have phones if needed.
- Tobacco products, illegal drugs, and alcoholic beverages
- Skateboards, rollerblades, etc.
- Expensive jewelry and personal possessions
- Excessive cash
- All other items prohibited at Chapelgate (see CCA handbook)

Appropriate Dress
Chapelgate Christian Academy
High School Retreat

These guidelines for appropriate dress have been established to help you make wise choices in the clothing you plan to bring/wear on the high school retreat. The way we dress should reflect respect for one another, the school, and most importantly, for the Lord. The clothing should be modest and be able to withstand the varied physical activities available at NorthBay.

1. No spaghetti straps
2. No halter tops
3. Shirts must meet/cover the top of shorts, jeans, etc.
4. No shirts (or other clothing /accessories) displaying vulgar symbols or language, or containing alcohol, tobacco, or drug symbols, or that may be offensive in any way.
5. All clothing should be loose fitting
6. Bathing suits (for female students) should be modest one-piece or tankini-type that almost meet- this means not much skin showing. (If necessary, bring a colored t-shirt to wear over top of your bathing suit)
7. Shorts must be fingertip length or longer.
8. No earrings or piercings for boys.
9. No piercings (except ears) for girls.

The chaperones and directors will have the final say on appropriateness of clothing and reserve the right to prohibit students from wearing any article of clothing deemed inappropriate. For the student's convenience, there will be Chapelgate P.E. t-shirts and shorts accessible if a student is asked to change and has "nothing else to wear."

Fall Retreat
NorthBay 2021
Registration Form

RETURN TO CCA BEFORE AUGUST 20, 2021

Student Name (s): _____ Grade: _____ (Fall 2021)
_____ (Fall 2021)
_____ (Fall 2021)

ROOMMATE REQUEST FORM

We will do our best to honor student requests.

STUDENT NAME: _____ 2021-2022 GRADE

<input type="checkbox"/>	12	<input type="checkbox"/>	11
<input type="checkbox"/>	10	<input type="checkbox"/>	9

I would like to share a cabin with:

1. _____ 2. _____

STUDENT NAME: _____ 2021-2022 GRADE

<input type="checkbox"/>	12	<input type="checkbox"/>	11
<input type="checkbox"/>	10	<input type="checkbox"/>	9

I would like to share a cabin with:

1. _____ 2. _____

Chapelgate Christian Academy

A Ministry of Chapelgate Presbyterian Church

Field Trip Permission Slip (for Overnight trips)

When: August 31 – September 3, 2021

Where: NorthBay Adventure in North East, MD.

Every activity sponsored by Chapelgate Christian Academy is carefully planned and adequately supervised. However, even with the best planning and precaution, unforeseen events can occur.

As the Parent(s)/guardian(s) of _____ we hereby give permission for said student to participate in Chapelgate Christian Academy's High School Retreat to NorthBay. We will not hold Chapelgate Christian Academy or any of its employees, volunteers, and/or agents responsible for any accident/injury that may occur to my student during this event including transportation to and from the event. By signing below, I acknowledge that my child is capable of participating in the activities offered on this field trip/event. If my student has limitations, I will outline them specifically below. If there are water events such as swimming or canoeing, for example, we acknowledge that our student is capable of swimming. If we do not think that our student is capable of swimming, we will list swimming below as an activity we do not wish our student to participate in. We authorize Chapelgate Christian Academy to make **emergency medical decisions** for our student during this field trip/event. It is understood that our child will obey all regulations and follow instructions of the leaders of this field trip/event. We agree to pay any expenses including the cost of our student being sent home if discipline is deemed necessary.

Activities I do not want my student to participate in (please refer to the NorthBay Guest Health Information Form for some of the activities offered):

Parent Certification (**BOTH** parents must sign form to be valid):

Mother Name: _____ Father Name: _____

Mother Signature: _____ Father Signature: _____

Mother Phone: _____ Father Phone: _____

In the event that neither mother nor father can be reached in an emergency, please contact:

Name: _____

Phone: _____

Relationship to student: _____

**MARYLAND STATE
SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This order is valid only for school year (current) _____ including the summer session.

School: _____

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- * Prescription medication must be in a container labeled by the pharmacist or prescriber.
- * Non-prescription medication must be in the original container with the label intact.
- * An adult must bring the medication to the school.
- * The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: None expected Specify: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: _____

Telephone: _____ (Type or print)
FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____
(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): _____ for the above medication on (Date): _____

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of emergency medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____

Signature Date

School RN approval for self carry/self administration of emergency medication: _____

Signature Date

Order reviewed by the school RN: _____
Signature Date

Student Name _____

DISCRETIONARY (over-the-counter) MEDICATION ADMINISTRATION SHEET

Chapelgate Christian Academy will provide some over-the-counter medication for minor illnesses at the retreat. I understand that the medication will be administered according to the guidelines on the medication package. No medication will be given in doses that exceed the over-the-counter amount. I give permission for a representative of CCA to administer the following medications, including a ‘first dose’ of medication, to my student.

Please mark which medications (provided by the parent) you give permission for a CCA school official to administer to your child.

- _____ Benadryl (for allergic reactions, hives, i.e. bee stings)
- _____ Ibuprofen (Advil, Motrin) (headaches, menstrual cramps, muscle aches)
- _____ Tums (indigestion, upset stomach)
- _____ Tylenol (headache, fever)
- _____ Sudafed/Sudafed PE (nasal congestion)
- _____ Bacitracin (topical antibiotic ointment)

Disciplinary action may be taken if your student shares any medication and/or is found carrying any medication without authorization according to the MD state school medication administration form.

My student is allergic to the following: _____

Parent Signature _____ Date _____

If your student is taking any prescription medication, you must also have this form signed below by your doctor to avoid any negative drug interactions. In addition, the State Medication form must be completed by the doctor in order for any medications not listed above to be administered to your student during the retreat.

Doctor Signature _____ Date _____

This permission slip is good only for August 31 – September 3rd of 2021 and not acceptable for in-school administration of medication or future trips.



NORTHBAY GUEST HEALTH INFORMATION FORM

Note to Guest: NorthBay wants the camp experience to be a safe and healthy one. However in the event of an accident or illness, it is important that we have the following information.
Group Name:

Guest Information

Last Name:	First Name:	Middle:
Birth Date:	Sex: Male/Female	Cell Phone:
Email Address:		
Home Address:		Home Phone:
Emergency Contact:	Relationship:	Cell Phone:
Home Address:		Home Phone:
My Insurance Company:		Policy Number:

Not Currently Insured—NorthBay reserves the right to subrogation if it is later determined that personal medical insurance was in place.

HEALTH HISTORY

List any major medical conditions:

List any allergies to medications:

RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK

At NorthBay, health, safety, and supervision are paramount. The approach to safety and risk management is accompanied with competence, judgment, and purposeful sound programming. Guest safety and well-being is everyone's concern. As a policy of NorthBay, we require that a Release of Liability Form be signed as a requirement to attend camp.

I represent that I desire to attend a camp and participate in activities sponsored by NorthBay, LLC ("NorthBay"). In consideration for NorthBay permitting the Guest to attend the camp and participate in the activities, I have agreed to execute this Release of Liability and Assumption of Risks (the "Release"). I assert the information given on this health form is complete and accurate to the best of my knowledge.

I acknowledge that participating in some of the activities sponsored by NorthBay, including canoeing, kayaking, boating, water skiing, hiking, swimming, snorkeling, tubing, fishing, rock climbing, zip line, sport activities, nature and acclimatization activities, and using the ropes course, involve certain inherent risks, including the risk of serious personal injury. I agree I shall assume all such risks, including the risk of serious personal injury. I agree I shall assume all such risks, as well as any other risks involved in any activities sponsored by or involving NorthBay.

I also agree to release and discharge NorthBay and all of its employees, agents, and representatives, as well as all other persons, corporations, or other entities that might have any liability to or me (the "Released Parties"), from and against any and all damages, actions, claims, and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from me attending camp or being involved in any activity, occurrence, or event connected to Northbay.

This Release is intended to release and discharge the Released Parties from all damages, actions, claims, and liabilities arising from or related to the negligence of the Released Parties. I further agree to indemnify, hold harmless, and defend NorthBay from and against any loss, damage, liability and expense, including costs and attorneys' fees, incurred by NorthBay that is related to or arise from me attending camp or being involved in any activity, occurrence, or event connected in any way to NorthBay. I hereby grant permission to NorthBay the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me, without compensation or approval rights, for use in materials created for purposes of promoting the activities of NorthBay.

The laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction, and enforceability thereof. I agree that any lawsuit brought against any Released Party shall be brought solely in the Circuit Court for Cecil County, Maryland. I hereby voluntarily waive any right I may have to a trial by jury in any action, proceeding or litigation involving any Released Party. I further agree to pay any attorney's fees incurred by NorthBay if I attempt to contest the validity of this Release.

In the event I cannot be reached in an emergency when I am under camp supervision, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and/or order injections, anesthesia, or surgery for myself. If something were to happen to me a doctor selected by the camp may treat me for any injury/illness.

THIS RELEASE IS A BINDING LEGAL CONTRACT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

Signature of adult guest:	Date:
If the guest is under 18 years of age:	
Signature of parent/guardian:	Date:

2021 H.S. NORTHBAY ADVENTURE
VOLUNTEER FORM

Name _____
Please print

Gender _____

Email _____
Please print

Cell _____

Place an 'X' next to all statements that apply to you:

_____ I would like to be part of the kitchen staff

_____ I would like to be a chaperone

_____ Please do not put me in same room as my student

_____ Please place me in the same room as my student.

_____ I'm flexible and happy to help in either capacity!

_____ I would like to hitch a free ride with the tour bus.

_____ I plan to drive separately and realize that parking may be limited.

IF you are volunteering please submit this form AND the Background Check Authorization form (next page) to Mr. Krabitz.

For Volunteers:

CONFIDENTIAL

BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last) (Maiden)

Address: _____
(Street) (City) (State/Zip)

Social Security Number: _____ DOB: _____

Email Address: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Chapelgate Christian Academy and its designated agents and representative to conduct an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the investigative consumer report will include: verification of social security number, name verification, complete address history, national criminal database search, and national sex offender.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Chapelgate Christian Academy or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. Chapelgate Christian Academy and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

**** Please note that the background check cannot be completed without ALL of the above information, including email ****