

**FAT
OVER
FEAR**

WKND 1: APRIL 19-21, 2024

WKND 2: APRIL 26-28, 2024

FAITH OVER FEAR

In this era defined by rapid change, political upheaval, and the constant evolution of technology and worldviews, it's understandable to feel a sense of unease. Yet, amidst this flux, our faith remains a testament to an eternal, unchanging God.

The Eastern Pennsylvania District of the C&MA extends to you an invitation to join us at for our District Youth Retreat, a place of peace and strength in these turbulent times. Reflecting on the profound words of Joshua 1:9, "Do not be afraid," we are reminded of the enduring power of our faith to overcome fear. Because the perfect love Jesus casts out fear.

As a district, we will delve into this ancient wisdom, seeking comfort and courage in the promises of our God. Together, let us reaffirm our trust in the Lord, embracing the peace and assurance that come from standing firm in our faith. Join us in this journey of renewal and empowerment.

With Great Expectation,

The District Youth Retreat Planning Team

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ATTN: DISTRICT YOUTH RETREAT
THE CHRISTIAN AND MISSIONARY ALLIANCE
1200 SPRING GARDEN DRIVE, MIDDLETOWN, PA, 17057

4. **EASTERN PA DISTRICT LIABILITY RELEASE FORM:** EACH PARTICIPANT OR PARTICIPANTS GUARDIANS WILL BE REQUIRED TO COMPLETE THIS FORM. YOU WILL BE REQUIRED TO SUBMIT COPIES AT LAKE CHAMPION UPON CHECK-IN.
5. **EASTERN PA DISTRICT BACKGROUND CHECK AFFIRMATION FORM:** YOU WILL BE REQUIRED TO SUBMIT THIS DOCUMENT UPON CHECK-IN AT LAKE CHAMPION.
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**FAITH
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Theme Verse:

Joshua 1:9 "Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go."

Session 1: God Has Commanded

Objective: To instill a sense of attentive obedience to God's commands, emphasizing the seriousness of following Jesus.

Session 2: Be Strong and Courageous

Objective: To define and understand the biblical concepts of strength and courage, using Jesus as the ultimate model. Seminars in the afternoon will expound on this theme.

Session 3: Do Not Be Afraid

Objective: To address the fears that hinder our boldness in faith, emphasizing Christ's victory as the source of our courage. A response follow a victorious Jesus will be given.

Session 4: Do Not Be Discouraged

Objective: To reinforce the presence of God in all our endeavors, encouraging a readiness to follow Him anywhere. A time to listen to the call of God to Go as an International Worker with the Christian and Missionary Alliance.



Luke Camara

April 19-21

Luke Camara is a dedicated International Worker with the Christian and Missionary Alliance (C&MA) currently serving in Porto, Portugal. Embracing a deep call to international mission in 2019, Luke is actively engaged in establishing a church and dedicated to training pastors to lead with conviction and grace. His journey in ministry is diverse and rich, having previously served as a Youth Leader, Pastor, Camp Director, and Church Planter back in Alabama. Each role has equipped him with valuable insights and a heartfelt passion for spreading faith and community building. In Porto, Luke's vision is to cultivate a vibrant, faith-driven community, drawing on his extensive experience and unwavering commitment to his calling. Whether through pastoral training or community outreach, Luke continues to inspire and guide many towards a deeper understanding and practice of their faith.



Erik Bill

April 26-28

Erik Bill is a seasoned Missionary Kid (MK) who spent his formative years amidst the vibrant and challenging terrains of Central Africa, gaining a unique and firsthand understanding of missionary life. His spiritual journey deepened through his experiences at MK boarding schools in West Africa, where he encountered Christ's love more profoundly and developed a keen sense of God's heart for the nations. Now, alongside his family, Erik serves with the Alliance in Senegal, West Africa, committed to sharing the Gospel and planting seeds of truth among the lost. He stands as a testament to the transformative power of faith and invites others to explore how their lives, too, can make a meaningful impact in the mission field.

Group Registration Form

Please note that **all registrations must be received and paid by March 29, 2024** to receive the “**early bird**” rate of **\$155**. Otherwise, there is a **\$25 increase** for all additional participants registered beyond this date. We are required by Lake Champion to report the number of attendees 1 month prior to the event for their staffing purposes. All registrations are non-refundable, and registrations fees paid above the number of attendees will be considered a contribution to the event.

Church Information:

Name:

Address:

City: _____ Zip code: _____

Email:

_____ Phone: _____

Group Leader:

Email: _____ Phone: _____

Weekend attending (*circle one*)

Weekend 1: April 19-21, 2024
Weekend 2: April 26-28, 2024

Male Participants

of Junior High _____
of Senior High _____
of Male Leaders _____

Total # of male students _____ + # of male leaders _____ = Total # of males _____

Female Participants

of Junior High _____
of Senior High _____
of Female Leaders _____

Total # of female students _____ + # of female leaders _____ = Total # of females _____

Total # students & leaders registered _____

registered on or before March 29, 2024 _____ x \$155 = \$ _____

(The check or online registration must be submitted/postmarked by this date).

Total amount due \$ _____

WORK CREW (SERVING MEALS, KITCHEN HELP, ETC.)

Each church **must** provide at least one work crew member PLUS an additional work crew member for every 10 attendees. There is no cost for work crew members. Housing and meals will be provided.

Total Work Crew # _____

(# of Work Crew males _____ + # of Work Crew females _____)

Make Checks Payable to: **EPDCMA**. In the Memo Write: **EPAD DYR**
mail to:

ATTN: DISTRICT YOUTH RETREAT
THE CHRISTIAN AND MISSIONARY ALLIANCE
1200 SPRING GARDEN DRIVE, MIDDLETOWN, PA, 17057

Eastern Pennsylvania District of the C&MA Medical and Release of Liability

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and provision of the necessary medical services in the event my child is injured or becomes ill. I understand that neither the church, nor the Eastern PA District of the C&MA will be responsible for the medical expenses incurred, but that such expenses will be my responsibility as a parent or guardian. I, The undersigned, being the parent or guardian of the child named herein, do hereby agree to the participation in all of the scheduled activities for the Eastern PA District of the C&MA at the 2024 retreat at Lake Champion in Glen Spey, NY which includes all camp actives and and travel occurring during the weekend.

Parent or Guardian Name (Please Print) _____

Parent or Guardian Signature: _____

Date: _____

Participants First and Last Name: _____

Age: _____

**This Document is to be completed by the
Primary Youth Worker ONLY:**

**Adult Volunteer Background Check Statement
of Affirmation:**

I, _____, Acknowledge and affirm that each of the adult volunteers attending this trip as chaperones have passed the State of Pennsylvania’s background check requirements necessary for volunteering in a non-profit organization that works with minors. In addition, that all of those background checks are current and up to date.

Signature: _____

Date: _____

VOLUNTEER CLEARANCE INSTRUCTIONS

The Eastern PA District of the Alliance is committed to the safety of young people in our churches and during our events. We mandate that every local church acquires three specific background clearances from all adult volunteers aged 18 or older. These clearances must be submitted to your church before you can start volunteering or participate in the Lake Champion retreat. It's our priority to ensure a secure environment for everyone involved.

Here are the simple steps to obtain the three clearances:

- PA Child Abuse Clearance,
- PA Criminal Background Check
- FBI Fingerprinting

Be sure to use the "https" in the address if you are having trouble accessing the sites.

[PA CHILD ABUSE CLEARANCE](https://www.compass.state.pa.us/CWIS/Public/Home)

<https://www.compass.state.pa.us/CWIS/Public/Home>

1. Go to the link above. Click on "Create Individual Account", and follow the instructions given. You are filling out the Volunteer option so there is no charge.
2. Once you have created your login profile, log in and complete the form.
3. When you receive a certificate of completion showing the results, email a copy to or bring the master to your church and a copy will be made for the church files.

PA CRIMINAL BACKGROUND CHECK

<https://epatch.state.pa.us>

1. On this website, click on “Submit a New Record Check (Volunteers Only)”. You are filling out the Volunteer option so there is no charge.
2. Read the next page and click accept.
3. Fill in all the required information.
4. When you receive a certificate of completion showing the results, email a copy or bring the master to church and a copy will be made for their files.

FBI FINGERPRINTING

<https://www.identogo.com/locations/pennsylvania>

1. Go to website above. Scroll down and hover over “Digital Fingerprinting” until you see the word “Select” appear in the square and click that.
2. On this screen you are asked to enter a service code. Enter **1KG6ZJ** and click “GO”
3. From this next screen you can schedule your appointment and see what documentation they require you to take along.
4. When you receive a certificate of completion showing the results, email a copy to or bring the master to your church and a copy will be made for their files.
5. This clearance costs \$22.60. We recommend churches reimburse their volunteers for this expense.



GUEST CONSENT RELEASE FORM FOR OUTSIDE GROUPS USING YOUNG LIFE CAMP

NOTE TO GUEST: Young Life wants your experience at the Young Life camps 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.

Name Last First Middle Initial

Birthdate Age Sex

Spouse/First Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Second Emergency Contact Last First Middle Initial

Home Address Street and Number City State/Province Zip/Postal

Business Address Street and Number City State/Province Zip/Postal

Phone Number Home Business

Any allergies or other medical needs?

Name of Physician Last First Middle Initial Phone Number

Address Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company Policy Number

Address Street and Number City State/Province Zip/Postal

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the Property, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from my physical injury, including death, or illness while at the Property. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1950.

I verify that I am in good health and am capable of participating in strenuous activities, and when necessary, will tailor my activities to those within the bounds of my physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet. I recognize that any medical treatment that is provided to me while attending a Young Life camp will be paid for by my medical insurance company.

WAIVER AND RELEASE

IF I AM UNDER AGE 18, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

Signature Date

Name of Your Group/Church Dates of Event

Tip to Funding Your Retreat

1. Take a Church Offering For Transportation Costs: People like to give to a specific expense not a general fund. Publish an estimated need for “transportation costs” using the IRS mileage rate reimbursement that is Currently .67 cents per mile.

1. EX Offering Request:

Dear Church Family,

We are passionate about ensuring that every youth in our community has the opportunity to experience the spiritual growth and fellowship offered at the Lake Champion retreat. Our goal is to take [insert number of campers] campers, which is an ambitious but achievable target. To accommodate everyone, we will need to rent a bus or van, or alternatively, secure [insert number of drivers] drivers and vehicles.

The total distance to the camp is [insert mileage] miles, making the round trip [insert round trip mileage] miles.

The total transportation cost will be either the cost of the bus or van rental and fuel (please insert estimate) or the calculated total of [number of vehicles] times [round trip mileage] times the IRS mileage rate.

We invite you to join us in this mission by contributing a financial gift to help offset these costs. Please consider making your donation by [insert specific date].

Any funds received beyond the transportation costs will contribute to a general fund aimed at reducing individual camper registration fees.

Your support is crucial in nurturing our youth's relationships with Jesus through this transformative retreat experience.

With gratitude and hope,
[Your Church's Name]

LAKE CHAMPION



YL younglife. CAMP

247 Mohican Lake Road
Glen Spey, NY 12737
(845) 856-6871

www.LakeChampion.YoungLife.org

Lodging

- 1 - Fish Creek
- 2 - Catskill
- 3 - Stone Ridge
- 4 - Brookview
- 5 - Ferndale
- 6 - Mtn Laurel
- 7 - Pine Bush Apts
- 8 - Fox Run
- 9 - Eagle Point
- 10 - Spring Brook
- 11 - Hawk's Nest
- 12 - Lake House

Meeting Areas

- 13 - Spring Glen (Club Room)
- 14 - Millbrook (Game Room, Snack Bar, Store)
- 15 - Bear Creek Inn (Dining Hall)
- 16 - Town Hall

Recreation

- 17 - Waterfront (Pool / Spa, Volleyball, Games)
- 18 - Blob Tower & Boat Checkout
- 19 - Zip Line
- 20 - Screamer Swing
- 21 - Gym & Climbing Wall
- 22 - Ropes Course
- 23 - Mountain Bikes
- 24 - Soccer Field
- 25 - Weight Room

Camp Facilities

- 26 - Camp Office
- 27 - Turkey Hill (Laundry)
- 28 - Noah's Ark (Maintenance Shop)
- 29 - Smoker's Area
- + - Infirmary
- Ⓜ - Water Fountain
- ♿ - Restrooms

