



LAKE BEAUTY BIBLE CAMP

JUNIOR HIGH/SENIOR HIGH FALL RETREAT **REGISTRATION INFORMATION**

The goal of the JH/SH Fall Retreat at Lake Beauty Bible Camp is to come alongside youth leaders, providing an event where the speaker, meals, and many of the activities are provided, giving time and space for intentional growth in relationships with students and as a youth group.

WHO CAN ATTEND: Students currently in 6th-12th grade in the 2025/2026 school year.

DATES: October 17-19, 2025. Friday evening through Sunday morning.

FEE OF \$ _____ PER STUDENT IS DUE BY _____

FEE OF \$ _____ PER ADULT LEADER IS DUE BY _____

MAKE CHECKS PAYABLE TO: _____

JH/SH FALL RETREAT REGISTRATION PACKET

This packet is for the JH/SH Fall Retreat point person at each church
(i.e. youth pastor or church leader).

The goal of the JH/SH Fall Retreat at Lake Beauty Bible Camp is to come alongside youth leaders, providing an event where the speaker, meals, and many of the activities are provided, giving time and space for intentional growth in relationships with students and as a youth group.

This packet includes:

- Highlights
- Registration Process
- Registration and Payment Policy
- Student Registration Packet:
 - Student Registration and Medical Form
 - Parent and Guardian Consent & Medical Release
 - Student Standards of Personal Conduct
- Adult Leader Registration Packet
 - Adult leader registration form
 - Adult leader health form
 - Adult leader background check verification form (to be completed by lead pastor or church administrator)

THE HIGHLIGHTS

WHO CAN ATTEND: Students currently in 6th-12th grade in the 2025/2026 school year.

DATES: October 17-19, 2025. Friday evening through Sunday morning.

REGISTRATION: All registrations must be connected to a church youth group and go through the designated JH/SH Fall Retreat point person to the Lake Beauty Bible Camp office (lbbc@lbbc.com or 320-732-3218).

The registration cost includes:

- Meals (Friday evening snack, all meals Saturday, and Sunday breakfast).
- Housing
- Students will want to bring extra spending money for activity sign-ups and canteen purchases.

COST: \$150 per student, \$100 per adult leader. There are no refunds.

ADULT LEADERS: Leaders must be at least 18 years old and must have completed a background check less than 24 months prior to the start of the JH/SH Fall Retreat.

There must be at least one leader for every six students, based on gender. This means that you must have both male & female leaders if you have both male & female students attending.

The youth pastor or a key point person for each group must complete the Ministry Safe training course (approximately one hour). Link to be sent later. If this course has been completed in the past 24 months, the certificate can be sent to program@lbbc.com.

LOCATION: Lake Beauty Bible Camp, 25766 Hummingbird Trail, Long Prairie, MN 56347

HOUSING: Students and leaders will be housed at Lake Beauty Bible Camp in our cabins or one of our retreat centers.

QUESTIONS: lbbc@lbbc.com for registration, foodservice@lbbc.com for food related allergies and dietary restrictions, jodi@lbbc.com for other specifics.

THE PROCESS

If you need help, contact the office at lbbc@lbbc.com or call 320-732-3218.

Online registration is not for individuals to register themselves. ONLY the youth pastor or an assigned church representative is to register all attendees from your church. Before beginning the registration process, make sure to review the LBBC Registration and Payment Policy.

STEP 1: Download and print the registration packet.

- **On the poster/cover page of this packet, enter the amount you're charging your attendees and the date you want the forms returned to you. (You may desire to add in an additional fee for transportation, so we left it blank).**
- All students and leaders must complete, sign, and return the registration forms to you by October 9th at the latest.

STEP 2: Determine how many students and leaders you likely will have at the JH/SH Fall Retreat. You don't need to have their names. We need this information to gain an idea of how many students are coming per church. We also need an idea of how many students/leaders of each gender for housing purposes. You will communicate this information via Cognito form - the link to this form can be requested by emailing lbbc@lbbc.com. **This form is due by October 7th.**

STEP 3: Send a check for \$150 per student and \$100 per leader by the deadline, October 9th.

- Checks should be made out to "Lake Beauty Bible Camp" with "JH/SH Fall Retreat" in the memo line.
- Address: 25766 Hummingbird Trail, Long Prairie, MN 56347.

STEP 4: By October 9th:

1. Send one check for the entire registration cost to Lake Beauty Bible Camp.
2. Email the following forms to lbbc@lbbc.com (the youth leader carries the original forms to have in case of an emergency):
 - Student registration forms
 - Student health forms
 - Leader registration forms
 - Leader health forms
 - Leader background checks
3. Youth pastor/lead youth worker: complete the Ministry Safe training.
(Link will be sent later.)

WHAT TO DO WITH THE INDIVIDUAL REGISTRATION FORMS:

- Make sure they are signed by all required parties before scanning and submitting them to lbbc@lbbc.com
- Keep the original registration forms with you during the JH/SH Fall Retreat. Should something happen on the way to/from/during the JH/SH Fall Retreat, you'll need to have these forms with you.

JH/SH FALL YOUTH RETREAT REGISTRATION AND PAYMENT POLICY

The following policy details terms and conditions are applicable to churches participating in the JH/SH Fall Retreat at Lake Beauty Bible Camp. Groups choosing to register for the retreat should review this policy before registering.

REGISTRATION: All registrations must be connected to a church youth group.

REGISTRATION FEE: The JH/SH Fall Retreat registration fee includes:

- 2 nights lodging
- Meals (Friday night snack; Saturday breakfast, lunch, and dinner; Sunday breakfast).
- The registration fees enable Lake Beauty to prepare for the event, including purchasing supplies, contracting speaker, etc.

If payment is not received by the deadline, the spots will be forfeited.

Registration fee is non-refundable.

REGISTRATION DEADLINE: All registrations must be completed by October 9th.

PAYMENT:

- Make checks payable to "Lake Beauty Bible Camp" with "JH/SH Fall Retreat" in the memo line.
- Mail checks to:

Lake Beauty Bible Camp

Attn: JH/SH Fall Youth Retreat Registration

25766 Hummingbird Trail, Long Prairie, MN 56347

- Full payment for all registered spots is due October 9th, 2025

Lake Beauty Bible Camp reserves the right to refuse admittance to the event if the balance is not paid in full by the time the group arrives at the event.

JH/SH FALL RETREAT STUDENT REGISTRATION FORM

ALL FIELDS ARE REQUIRED.

PLEASE PRINT LEGIBLY.

First Name: _____

Last Name: _____

Gender: ☐ Male ☐ Female

Date of Birth: ____/____/____

Grade (Fall 2025): ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Student's Cell Phone: _____

Student's Mailing Address:

Street: _____

City/State/Zip: _____

Church Registering with: _____

Medical Insurance:

Name _____ Phone # ____/____/____

Name of Insured _____ Policy # _____

Dental Insurance:

Name _____ Phone # ____/____/____

Name of Insured _____ Policy # _____

MEDICAL CONCERNS:

Dietary Concerns & Food Allergies ☐ No ☐ Yes (please describe)

If you answered "yes" for your student, please email foodservice@lbbc.com by October 9th to discuss the available dietary options.

Other Allergies: ☐ None ☐ Bees ☐ Seasonal ☐ Penicillin/amoxicillin ☐ Aspirin/ibuprofen/naproxen

☐ Acetaminophen ☐ Other (please list only non-food related allergies):

Does this person have chronic health issues? ☐ No ☐ Yes:

Does this person have program limitations (i.e. contact sports)? ☐ No ☐ Yes:

Does this person have mental health issues? ☐ No ☐ Yes:

Form continued on the next page.

JH/SH FALL RETREAT STUDENT REGISTRATION FORM

Is this person currently under the care of a physician for medical reasons? ☐ No ☐ Yes:

Is this person currently taking medication prescribed by a physician? ☐ No ☐ Yes:

***Optional Permission to Dispense Non-Prescription Medications:**

Please select the non-prescription medications listed below that the youth director or designated volunteer may administer to your child according to the manufacturer's recommended dosage. It is understood that the medication (if available) is administered solely at the request of the parent and as an accommodation. **Without parental/guardian authorization, medications will not be distributed.**

Acetaminophen for pain relief (e.g. Tylenol) ☐ No ☐ Yes

Ibuprofen for pain relief (e.g. Advil, Aleve) ☐ No ☐ Yes

Motion sickness relief (e.g. Dramamine) ☐ No ☐ Yes

Date of last tetanus shot: ____/____/____

List any other information about this person that an attending physician needs to be aware of:

Parent/Guardian #1 (Parent/Guardian #1 will be contacted in case of emergency.)

First Name: _____ Last Name: _____

Relationship to student: _____ Contact Phone #: _____

Email address: _____

Parent/Guardian #2

First Name: _____ Last Name: _____

Relationship to student: _____ Contact Phone #: _____

Email address: _____

Contact the following when Parent/Guardian cannot be reached:

First Name: _____ Last Name: _____

Relationship to student: _____ Contact Phone #: _____

Email address: _____

JH/SH FALL RETREAT STUDENT

REGISTRATION FORM

PARENT/GUARDIAN CONSENT & MEDICAL RELEASE

(Attendee's name) _____ will be attending the JH/SH Fall Retreat, at Lake Beauty Bible Camp in Long Prairie, MN. As parent(s) or legal guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said attendee we (I) hereby release, forever discharge, & agree to hold harmless, Lake Beauty Bible Camp and _____ (student's sponsoring church, hereafter referred to as "Sponsor Church"), & the owners, directors, officers, agents, & employees & volunteers thereof, from any & all liability, claims or demands for personal injury, sickness or death, as well as property damage & expenses, of any nature whatsoever which may be incurred by the undersigned & the participant that occur while said attendee is participating in this retreat.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage & expense as a result of participation in recreation & activities involved therein. Further, authorization & permission is hereby given to Lake Beauty Bible Camp staff to furnish any necessary medical care, transportation, food, & lodging during the JH/SH Fall Retreat.

We (I) are the parent(s) or legal guardian(s) of this attendee & hereby grant permission for him/her to participate fully in the JH/SH Fall Retreat, & hereby give Lake Beauty Bible Camp staff permission to take him/her to a doctor or hospital & authorize medical treatment. We (I) will assume all responsibility for all medical bills. We (I) understand that if medical treatment is required, we (I) will be contacted as soon as possible. Should it be necessary for attendee to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for Lake Beauty Bible Camp & Sponsor Church to publish images of activities & of this attendee for the purpose of promoting the JH/SH Fall Retreat, Lake Beauty Bible Camp sponsored events, & Sponsor Church events through communications channels including, but not limited to, social media platforms, our website (lbbs.com), print and promotional materials & Sponsor Church promotional, print, and digital materials. We (I) grant this permission freely without reservation.

We (I) understand that there are different activity offerings at Lake Beauty Bible Camp and the JH/SH Fall Retreat. We (I), the parent(s) or legal guardian(s), fully understand & acknowledge that (a) recreational activities have: inherent risks, dangers & hazards that exist; (b) participation in such activities &/or use of

such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial &/or total paralysis, or other ailments that could cause serious disability; (c) these risks & dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, & the forces of nature or other causes; & (d) by participation in these activities &/or use of equipment, we (I) hereby assume all risks & dangers & all responsibility for any losses &/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, & employees & volunteers, of the JH/SH Fall Retreat and Lake Beauty Bible Camp, or by any other person including the Sponsor Church.

We (I), the individual(s) & our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify the Lake Beauty Bible Camp & Sponsor Church, & their respective owners, directors, officers, agents, & employees & volunteers from any & all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendee's participation at the JH/SH Fall Retreat.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging & waiving any claims or actions that we (I) may have individually or on behalf of our child or ward presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, & employees & volunteers of Lake Beauty Bible Camp & Sponsor Church.

MUST BE SIGNED BY ALL

PARENTS/GUARDIANS

Parent/Guardian Name: _____

Signature: _____

Date: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____

PAYMENT POLICIES

****We/I understand the JH/SH Fall Retreat payment policies, including that the registration is non-refundable.**

Parent/Guardian Initials: _____

JH/SH FALL RETREAT STANDARDS OF PERSONAL CONDUCT

Student Signature Required

I, _____ commit to fully engage in the programming during the JH/SH Fall Retreat.
student's name

This will require that I adhere to the following Standards of Personal Conduct:

I will:

1. Abide by all rules and expectations of Lake Beauty Bible Camp and my church.
2. Actively demonstrate the values of safety, responsibility, and respect.
3. Fully engage with positive participation in all activities and discussions.
4. Observe Quiet Hours (no music, yelling, cheerleading, etc.).

I will not:

- Engage in any behavior that may be disrespectful or harmful to the health and safety of the participant or others.
- Possess, use, or consume: illegal drugs, alcoholic beverages, or tobacco, including vaping.
- Use or possess fireworks, firearms, or other dangerous weapons (e.g., knives, slingshots, laser pointers, etc.).

I understand that:

- Individuals are liable (& will be billed) for any damage they intentionally or accidentally commit to Lake Beauty Bible Camp property during the JH/SH Fall Retreat.
- All students are under the supervision of their respective church leaders.
- Leaders have the right to confiscate any items used abusively by students for the duration of the JH/SH Fall Retreat.

Any infraction or disregard for the Standards of Personal Conduct may result in my immediate dismissal from the JH/SH Fall Retreat. I acknowledge that I may be sent home from the JH/SH Fall Retreat at my own expense.

I understand and agree to abide by these Standards of Conduct:

Student's Name (printed): _____

Student's Signature: _____ Date: _____

ADULT LEADER REGISTRATION PACKET:

1. Read through the Qualifications.
2. Complete the REGISTRATION FORM.
3. Sign the CONSENT & MEDICAL RELEASE.
4. Return everything along with your registration fee to the JH/SH FALL RETREAT leader at your church.

QUALIFICATIONS

- Leaders must be at least 18 years of age by October 17th, 2025, have graduated from high school, and have an approved background check (within 2 years of October 19th, 2025).
- Compliance with the following standards of conduct is expected of all leaders & participants at the JH/SH Fall Retreat. If you fail to comply, you may be sent home at your own expense.
 - Use &/or possession of alcohol &/or other controlled substances, fireworks, firearms, or other dangerous weapons (e.g. knives, slingshots, laser pointers, etc.) during the JH/SH Fall Retreat is prohibited.
 - Individuals are liable (& will be billed) for any damage they intentionally or accidentally commit to Lake Beauty Bible Camp property.
 - All students are under the supervision of their respective church leaders. Leaders have the right to confiscate, for the duration of the JH/SH Fall Retreat, any items used abusively by students.
 - Quiet hours are to be observed (no music, yelling, cheerleading, etc.).
 - Smoking, chewing tobacco, or vaping are not permitted at the JH/SH Fall Retreat.
- Lake Beauty Bible Camp requires criminal background checks for every adult serving at the JH/SH Fall Retreat. Background checks must be no older than October 19th, 2023. Please let your JH/SH Fall Retreat leader or church administrator know immediately if you have not completed a background check or if your background check is more than two years old. Your registration will not be complete until Lake Beauty Bible Camp confirms a current background check.

JH/SH FALL RETREAT ADULT REGISTRATION FORM

ALL FIELDS ARE REQUIRED.

PLEASE PRINT LEGIBLY.

First Name: _____

Last Name: _____

Church Registering With: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

Cell Phone: _____

Mailing Address:

Street: _____

City/State/Zip: _____

Church Registering with: _____

Medical Insurance:

Name of Insured _____ Policy # _____

Dental Insurance:

Name _____ Phone # ____/____/____

Name of Insured _____ Policy # _____

MEDICAL CONCERNS:

Dietary Concerns & Food Allergies ☐ No ☐ Yes (please describe)

If you answered "yes," please email foodservice@lbbc.com by October 9th to discuss the available dietary options.

Other Allergies: ☐ None ☐ Bees ☐ Seasonal ☐ Penicillin/amoxicillin ☐ Aspirin/ibuprofen/naproxen
☐ Acetaminophen ☐ Other (please list only non-food related allergies):

Does this person have chronic health issues? ☐ No ☐ Yes:

Does this person have program limitations (i.e. contact sports)? ☐ No ☐ Yes:

Does this person have mental health issues? ☐ No ☐ Yes:

Is this person currently under the care of a physician for medical reasons? ☐ No ☐ Yes:

Form continued on the next page.

Is this person currently taking medication prescribed by a physician? ☐ No ☐ Yes:

Date of last tetanus shot: ____/____/____

List any other information about this person that an attending physician needs to be aware of:

Emergency Contact:

First Name: _____ Last Name: _____

Relationship to student: _____ Contact Phone #: _____

Email address: _____

QUESTIONS:

1. Are you a member of this church? ☐ Yes ☐ If no, how long have you attended the church: ____
2. Have you ever been charged, convicted of or pled guilty to a crime, either a misdemeanor or a felony (including, but not limited to drug-related charges, child abuse, other crimes of violence, theft, or motor vehicle violations)?
☐ Yes ☐ No If yes, please explain fully:
3. Have you ever engaged in, or been accused of, any child molestation, exploitation, or abuse?
☐ No ☐ Yes (please explain):
4. Do you have any traits or tendencies that could pose a threat to children, youth, or others?
☐ No ☐ Yes (please explain):
5. Is there any reason why you should not work with children, youth, or others?
☐ No ☐ Yes (please explain):

I certify that this form was completed by me and that all of the information on this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts called for herein will result in my disqualification from further consideration as a participant at the JH/SH Fall Retreat. I understand that this form is not valid without my signature.

Print name: _____

Signature: _____ Date: _____

JH/SH FALL RETREAT CONSENT & MEDICAL FORM

STATEMENT OF CONSENT & MEDICAL RELEASE

The information contained in this application is correct to the best of my knowledge. I agree to be bound by the constitution, bylaws & policies of the Evangelical Covenant Church & of the Northwest Conference of the Evangelical Covenant Church in the performance of my services on behalf of the church. I have read & will comply with the JH/SH Fall Retreat policies, as stated in the Qualifications section of this registration form. I understand that a criminal background check is required of all adults attending the JH/SH Fall Retreat. I agree to perform a criminal background check. If I fail to complete the criminal background check, I understand that I will not be allowed to serve at the JH/SH Fall Retreat. A new criminal background check is not required if I performed a criminal background check as part of my application process for my church since October 19th, 2023.

I am confident that every reasonable measure will be taken to protect the safety of all participants at the JH/SH Fall Retreat. I hereby release, forever discharge, & agree to hold harmless, Lake Beauty Bible Camp and _____ (adult leader's sponsoring church, hereafter referred to as "Sponsor Church"), & the owners, directors, officers, agents, & employees & volunteers thereof, from any & all liability, claims or demands for personal injury, sickness or death, as well as property damage & expenses, of any nature whatsoever which may be incurred by the undersigned & the participant that occur while said attendee is participating in this retreat.

Furthermore, I hereby assume all risk of personal injury, sickness, death, property damage & expense as a result of participation in recreation & activities involved therein. Further, authorization & permission is hereby given to Lake Beauty Bible Camp staff to furnish any necessary medical care, transportation, food, & lodging during the JH/SH Fall Retreat. I hereby give JH/SH Fall Retreat and Lake Beauty Bible Camp staff permission to take me to a doctor or hospital & authorize medical treatment. I will assume all responsibility for all medical bills.

Should it be necessary for me to be sent home for medical reasons, disciplinary reasons, or otherwise, I hereby assume all related costs.

I hereby grant permission for Lake Beauty Bible Camp & Sponsor Church to publish images of activities & of this attendee for the purpose of promoting the JH/SH Fall Retreat, Lake Beauty Bible Camp sponsored events, & Sponsor Church events through communications channels including, but not limited to, social media platforms, our website (lbbc.com), print and promotional materials & Sponsor Church promotional, print, and digital materials. I grant this permission freely without reservation.

I understand that there are different activity offerings at Lake Beauty Bible Camp and the JH/SH Fall Retreat. I fully understand & acknowledge that (a) recreational activities have: inherent risks, dangers & hazards that exist; (b) participation in such activities &/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial &/or total paralysis, or other ailments that could cause serious disability; (c) these risks & dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, & the forces of nature or other causes; & (d) by participation in these activities &/or use of equipment, I hereby assume all risks & dangers & all responsibility for any losses &/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, & employees & volunteers, of the JH/SH Fall Retreat and Lake Beauty Bible Camp, or by any other person including the Sponsor Church.

I, along with my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify the Lake Beauty Bible Camp & Sponsor Church, & their respective owners, directors, officers, agents, & employees & volunteers from any & all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendee's participation at the JH/SH Fall Retreat.

I specifically understand that I am releasing, discharging & waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, & employees & volunteers of Lake Beauty Bible Camp & Sponsor Church.

Print name: _____

Signature: _____ Date: _____

LEADER BACKGROUND CHECK VERIFICATION FORM

*Pastor or church administrator: complete a form for each leader participating in the JH/SH Fall Retreat.
Email the completed forms to program@lbbc.com by October 9th. No adult leader will be allowed to
participate at the JH/SH Fall Retreat without this signed form.*

Leader's First Name: _____

Leader's Last Name: _____

Company (i.e. Protectmyministry.com, MinistrySafe.com) that performed the background check:

Date of background check*: ____/____/____

*The church must have conducted the background check on, or after, October 19th, 2023.

What was covered in the background check?

- | | |
|---|---|
| <input type="checkbox"/> Identity verification | |
| <input type="checkbox"/> Database criminal search | <input type="checkbox"/> Motor vehicle record |
| <input type="checkbox"/> Sex offender's registry | <input type="checkbox"/> State driving record |
| <input type="checkbox"/> County court record search | <input type="checkbox"/> Other _____ |

This adult is approved to work with minors: ☐ Yes ☐ No

A church representative (senior pastor or church office administrator) must sign this document; you cannot sign for yourself. Please either mail with your final payment or email the completed form to program@lbbc.com.

Church _____

Printed Name: _____ Signature: _____

Title: _____ Date ____/____/____