

Spina Bifida Association of North Texas (SBANT)

Adult Retreat 2016

The SBANT Adult Retreat will be held at **YMCA Camp Carter**, in Fort Worth, on **October 28-30, 2016**.

Update: Acceptance of applications has been extended to October 10th.

Applications need to be received no later than October 1, 2016 (see below for address)

The retreat will be limited to a **max of 30 campers!**

Attendee Requirements:

- 1) Individuals with Spina Bifida (SB) who, at the time of camp, are 18 years of age (and graduated high school or equivalent) or older are allowed to attend the weekend retreat.
- 2) Registration fee of \$30
- 3) Complete retreat application and associated documents/fee

Additional Suggestions:

- 1) Raise funds to help pay for the fees associated with the retreat
- 2) If you require a special diet, please bring meals for the entire weekend

Weekend Activities: (subject to change)

- 1) Minute it to Win it games
- 2) Speaker(s) to discuss specialized topics (e.g. job placement, physical/psychological wellness)
- 3) Games which focus on communication and trust
- 4) Archery and fishing
- 5) Halloween themed dance/party

Location:

YMCA Camp Carter *
6200 Sand Springs Road
Fort Worth, TX 76114
817-738-9241

* The use of tobacco products are prohibited at Camp Carter.

If you have any questions, concerns, or need an application please contact Thomas at www.SBANTAdultRetreat@gmail.com

*****Please send the signed and completed application and registration fee (via check) to:
SBANT Adult Retreat
801 Avenue H East, Suite 101
Arlington, TX 76011**

Spina Bifida Association of North Texas (SBANT)

Adult Retreat Code of Conduct and Guidelines

Initial

_____ I agree to arrive at Camp Carter **after 5pm** and **before 7pm** on the Friday of camp.

_____ I agree that I will not leave the adult retreat/Camp Carter prior check-out on Sunday unless otherwise indicated (e.g. discussed before camp, asked to leave, etc).

_____ I agree to be respectful to others and camp property (including cleaning up after myself).

_____ I agree to not put anything down drains or toilets that doesn't belong (i.e. paper towels, napkins, tampons, disposable wipes, food waste, catheters, and etc).

_____ I agree to participate to the fullest extent possible at all activities.

_____ I agree to drive on the roadways and park only in designated areas. I also agree to abide by the speed limit of 10mph while on camp property.

_____ I agree to use positive and encouraging words throughout the weekend.

_____ I agree to not take pictures in the cabins, restrooms, or any other place or situation which may be compromising to self or others.

_____ I understand that all medications both prescription and over the counter (OTC) are the responsibility of the attendee and is to not be shared. OTC allergy or OTC pain medication can be shared at the discretion of the individuals involved.

_____ I agree to report any indecent or destructive activity to the Adult Retreat leadership.

_____ I understand that Camp Carter is a smoke free environment and the use of tobacco products including cigarettes/cigars; e-cigs, chew, and dip are prohibited.

_____ I will not bring or possess any of the following items while attending at Camp Carter.

- Weapons / Firearms or Bows / Knives (includes Pocket Knives and exacto knives)
- Firecrackers, sparklers, etc.
- Sexually Explicit Materials
- Laser Pointers
- Illegal Drugs
- Inhalants (unless prescribed)
- Alcohol
- All Nut Food/Products unless otherwise indicated
- Items with Latex
- Pets

_____ I understand that I may be asked to leave the adult retreat and/or may be banned from future retreats if leadership determines it is necessary. An appeal, regarding being banned, may be submitted after the retreat, but within a month after the conclusion of the Adult Retreat.

I agree, by signing below, that the Spina Bifida Association of North Texas, its representative, and Camp Carter are relinquished of any responsibility (not held responsible) in the case of sickness, injury, death, or any other issues that may arise while attending the Adult retreat or while traveling to or from the retreat.

Attendee Printed Name

Attendee Signature

Date

I grant permission, by signing below, to use my likeness in any photographic or video presentation to promote the Spina Bifida Association of North Texas (SBANT) or the Adult Retreat.

I authorize a representative of SBANT to contact emergency services on my behalf in the event of a medical emergency. I also authorize the representative to contact my emergency contact if I've been asked to leave camp (if a ride is needed).

Attendee Printed Name

Attendee Signature

Date

I agree, by signing below, that all the information above is accurate and that I'll follow all guidelines above.

Attendee Printed Name

Attendee Signature

Date

Spina Bifida Association of North Texas (SBANT)
2016 Adult Retreat Application

First name	Last name	Age	Date of birth (MM/DD/YY)
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Address	City	State	Zip code
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Email address	Phone #	How many years have you attended (excluding this year)
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Emergency contact	Relationship	Phone #	City lives in
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Physicians name	Phone #	City
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Physical restrictions? If so, please describe

Dietary restrictions? If so, please describe

Current or history of emotional issues? If so, please describe

Allergies? Do you carry an EpiPen?

Use of wheelchair?	Use of braces?
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Attendee Printed Name

Attendee Signature	Date
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