

Living in Light of the Gospel

***Come and join the women of River Oaks Community Church
at our annual retreat, April 28-30, 2017,
as we consider what it means to be new creations in Christ.***

We'll return to last year's location –
Camp Montvale – Harmony Family Services
4901 Montvale Road Maryville, TN 37803

We've kept the cost the same as last year -
Cost is \$95, with a \$10 discount if fees and forms are submitted by April 9.

We'll start on Friday after dinner and stay through brunch on Sunday!
Check-in will begin at **5:00** on Friday, April 28, with 1st session beginning at **6:30**.
We won't serve dinner on Friday; bring a snack or drink to share later.
On Sunday, April 30, we'll enjoy worship & brunch before departing about noon.
(ROCC leadership has pledged to handle responsibilities at church that morning.)

We will have a plan for car-pooling. Watch for details.

Worship, laughing, small group discussions, eating, studying His word, bonfires,
more laughing, praying, more eating, quiet time, outdoor time, and even
time for a nap will be included again!

Scholarship funds will be available. If you need financial assistance, there's a place on the
application to share that. We'll follow up with you privately.

Special diet requests will be considered. Share your requests on the application and we'll
follow up with you.

Nursing moms and babies are important to us – but accommodating you will take some
planning. Check the box on the application so we can talk to you about this.

Tent camping is an option this year, but you must let us know in advance, provide all your
own equipment, and be available to set up on Thursday evening, April 27.

Please submit all registration forms and fees by April 23.

If you cancel before April 23, we can refund all fees.

Partial refunds will be paid if requested after that.

For Office: Date received: _____

ROCC Women's Retreat Registration

Montvale - Harmony Family Center April 28- 30, 2017

Cost: \$95; \$10 Early Bird Discount - \$85 if submitted by April 9.

Name: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Emergency Contact Information

Who: _____

Phone #'s: _____

Are you in a ROCC Small Group? Yes No Which one? _____

Are you new to River Oaks Community Church? Yes No

Is this your first ROCC Women's Retreat? Yes No

If either is true, is there someone from ROCC who you would like to be paired with for Discussion Groups?

Do you have any dietary restrictions? *(We are not able to accommodate all requests. Please share briefly what your restrictions are and you will be contacted to discuss them.)*

Are you interested in bringing a nursing infant? Yes No

(You'll be contacted to discuss whether we'll be able to meet the needs of you and your baby.)

Are there any other restrictions or things we should know to make your Retreat more enjoyable?

It's our desire that everyone will be present for the entire week-end. If you have circumstances that require you to leave for part of our time or you need to sleep at home, please note above or notify us by April 23.

Would you prefer a room with room-mates who; plan to stay up late go to bed early either

Are you willing to sleep on an upper bunk? Yes No

Do you snore? Yes No A little

Almost all of the cabins at Montvale have restrooms & showers in the building. A few require that you walk to a nearby bath house. Do you require a cabin with restroom & showers? Yes No

Are you interested in tent camping? You must note here (or notify us by April 23), provide all your equipment and be able to set up on Thursday night. Yes

___ I am enclosing the full amount: \$85 on or before 4/9 OR \$95 after 4/9.

___ I am enclosing a partial payment of \$_____; and will submit balance by 4/23.

___ I will need some financial assistance. Please contact me.

___ I spoke to someone about financial aid & have included _____ - the amount we agreed upon.

___ I am enclosing a donation of _____ to help with Retreat scholarships

Registration materials & full payment due by April 23, 2016.

All fees will be refunded if requested before April 23; partial refunds will be available if requested after that.



Confidential Medical/Health Information

Name of Participant _____ Sex _____

Address _____ DOB _____

Family Physician _____ Phone _____

Address (city, state, zip) _____

Health Insurance Company _____ I.D. Number _____

In case of emergency, notify:

Emergency Contact Person _____ Relationship _____

Emergency Phone numbers _____

Home Address City/State Zip _____

Health History (please check if applicable)

- | | | |
|---|--|---|
| <input type="checkbox"/> Dizziness, fainting spells | <input type="checkbox"/> Back problems | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Low or high blood pressure | <input type="checkbox"/> Knee Problems | |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Thyroid trouble | <input type="checkbox"/> Currently pregnant |
| <input type="checkbox"/> Current communicable diseases | <input type="checkbox"/> Emotional impairment/disability | |
| <input type="checkbox"/> Recent sprains, fractures, dislocations | <input type="checkbox"/> Epilepsy or convulsions | |
| <input type="checkbox"/> Severe abdominal/menstrual cramps | | |
| <input type="checkbox"/> Present use of alcohol/drugs | | |
| <input type="checkbox"/> Allergies (drugs, stings, walnuts, etc.) _____ | | |
| <input type="checkbox"/> Date of Last Tetanus Booster _____ | | |

Please explain any items checked or any condition, injury, or other illness requiring medical treatment which might restrict or prevent full participation in the program for which you are applying,

Please list all medications you are currently taking:

Signature _____ Date _____



Assumption of Risk/Liability Release

I _____, am aware in signing this document for participation in the Women's Ministry Retreat programs that certain elements of the activities are physically and emotionally demanding. Furthermore, I understand that certain risks and dangers, such as those listed below, exist in the activities in which I am participating. These risks include: loss of damage to personal property, injury or fatality. The above risks may be caused by, but not limited to: travel to and from activity site, inclement weather, slipping, galling, insect bites, falling objects, immersion in cold water, hypothermia, suffering any type of accident/illness in remote areas without easy access to medical facilities. I acknowledge that while Camp Montvale/Harmony Adoption and its staff and the River Oaks leadership will make every reasonable effort to minimize exposure to known risk, all hazards and dangers associated with these activities cannot be foreseen. I have a personal responsibility to follow safety rules and procedures and will make the above mentioned parties aware at any point in which I question my ability to participate.

In consideration of being allowed to participate in any River Oaks program/activities held at Camp Montvale/Harmony Adoption, I hereby personally assume for myself all risk in connection with said program for any injuries or dangers which may occur to myself and do fully and forever release River Oaks, Camp Montvale/Harmony Adoption, its owners, employees, and agents from any and all claims, demands, dangers, rights of action or causes of actions, present or future, anticipated or unanticipated, resulting from or arising out of commencement of the activity or the use of the facilities, equipment and property of Camp Montvale/Harmony Adoption except in the case of Camp Montvale/Harmony Adoption sole negligence. I understand that the activity chosen may not be the safest, but has been chosen for its interest and challenge. I do, for myself agree to indemnify and hold harmless release River Oaks, Camp Montvale/Harmony Adoption and its affiliates and the employees and agents thereof from any liability and expense for personal or property damage, or injury not caused by their negligent actions.

I verify all information on page 1 to be correct and I authorize River Oaks Community Church leaders to seek medical attention as deemed necessary, including transporting to a local hospital or treatment facility.

NAME: _____

DATE: _____

Directions to Montvale – Harmony Family Center
4901 Montvale Road Maryville, TN 37803

From the intersection of Hwy 321 (Lamar Alexander Parkway) and Montvale Rd, take Montvale Rd heading out of town. Continue on Montvale Road for 8.8 miles. The entrance to Montvale is marked with a large wooden sign and will be on your right. Follow the driveway and watch for signs directing you for checking in.

Alternative Route (best if coming from Townsend area): From Hwy 321 (Lamar Alexander Parkway) turn south onto Foothills Parkway. At 9 miles, turn left at the only exit off the Parkway. Then take the next right; it's sharp (if you miss it, you'll run into a Park Service Campground). At next intersection, take a sharp right turn (you're now on Flats Road). Continue on Flats Road, past Eagle Rock Camp, to the stop sign. Turn right at the stop sign and continue to the entrance to Montvale, on your left. There's a large wooden sign marking the entrance.

What to Pack

Medical release form & \$95 - if not already turned in
Sleeping bag or bedding & pillow
Toiletries & medications; towel & washcloth
Clothes, including jacket or sweatshirt for cool nights
Raincoat or umbrella (we'll be walking from cabins to Lodge)
Comfortable shoes (suitable for hiking if desired)
Bible and personal study material
Flashlight
A snack or drink to share

Optional Items

Card games, board games or scrap-booking materials for free time
Guitars/instruments for bonfire time
Camera
Sunscreen -hopefully ;-)
Alarm clock; white noise machine; ear plugs

What not to bring

I-pods, MP-3 or CD players
Valuable items

Emergency Contact Number:

(865) 981-3953 or (865) 368-7619 (Beverly, camp manager)