

## 9<sup>th</sup> Grade Retreat Information Packet

Greetings 9<sup>th</sup> grade families! We are excited for our upcoming retreat with the 9<sup>th</sup> grade students. This document contains information about the retreat, as well as a few forms which will need to be submitted to the front desk prior to the retreat. Please carefully read all included information.

**What:** Annual 9<sup>th</sup> Grade Retreat

**Who:** All 9<sup>th</sup> grade students at Scottsdale Prep

**When:** Monday, August 11 (depart ~8:00am) – Wednesday, August 13 (arrive ~12:00pm)

**Where:** Friendly Pines Camp in Prescott, Arizona

**Why:** To build friendship and comradery amongst 9<sup>th</sup> grade class

The retreat will be three days and two nights, and students will leave Scottsdale Prep on Monday morning to get to Friendly Pines so that the time can be fully spent. Students should eat breakfast prior to departing.

Challenge courses, zip lines, ultimate frisbee, giant swings, campfires, team building, hiking, and good food will fill the days. Each activity is designed to build and cultivate friendship and trust within the class. We will return to Scottsdale Prep on Wednesday afternoon around noon.

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### **Registration Information**

To register for the retreat, parents will use the [Configio online portal](#). The cost of the retreat will be \$300 and is payable directly on Configio. **Registration must be completed no later than Monday, August 4, 2025.**

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### **Required Forms**

Contained in this packet are several forms to complete. **Please return all forms to the front office no later than Wednesday, August 6, 2025.**

1. Permission Slip (1 page)
2. Allergies, Dietary Restrictions, and Medication Information (1 page)
3. CampWay Participant Information Form & Liability and Photo Release (2 pages)

# SPA 9<sup>th</sup> Grade Retreat

## Packing List

### Clothing

- ☐ Underwear
- ☐ Socks (bring extra!)
- ☐ Pajamas
- ☐ Shorts
- ☐ Jeans or other pants
- ☐ Shirts (consider options for layering)
- ☐ Heavy sweater or sweatshirt
- ☐ **Closed-toe shoes suitable for hiking**
- ☐ Sandals for wearing in your cabin
- ☐ Poncho or raincoat
- ☐ Sun hat

### Other Items

- ☐ **Water bottle**
- ☐ Pencil, pen, & paper
- ☐ Flashlight
- ☐ Sunglasses
- ☐ Daily prescription medications/vitamins

### Toiletries

- ☐ **Bath towel, hand towel, wash cloth**
- ☐ **Sleeping bag or sheets**
- ☐ **Pillow**
- ☐ Toothpaste & toothbrush
- ☐ Hairbrush/comb
- ☐ Shampoo, conditioner, soap
- ☐ Deodorant/antiperspirant
- ☐ Chapstick
- ☐ **Sunscreen**
- ☐ **Insect repellent**
- ☐ Hand sanitizer

### Optional Items

- ☐ Backpack/fanny pack/etc.
- ☐ Laundry bag
- ☐ Book, magazine, crossword puzzles, Sudoku, etc.
- ☐ Sports equipment: Football, Volleyball etc.
- ☐ Camera

### -----Prohibited Items-----

- Knives, fireworks, firearms, and any other weapons
  - Tobacco products, alcohol, and illegal drugs
  - E-cigarettes and vaporizers of any type

## 2025 9<sup>th</sup> Grade Retreat Permission Slip



Students participating in the 9<sup>th</sup> Grade Retreat will be traveling to Friendly Pines Camp via charter bus on Monday, August 11 and returning on Wednesday, August 13. **Complete this permission slip and return it to the front desk no later than Wednesday, August 6, 2025.**

My child, \_\_\_\_\_, has permission to attend and participate in the 9<sup>th</sup> Grade Retreat. I/We agree to hold Scottsdale Preparatory Academy and its chaperones harmless in the event of an injury to my child while he/she is participating in the off-campus activity. Furthermore, I understand that if my child violates any prohibitions (listed below), school rules, camp rules, or fails to follow the directions of chaperones or camp staff, he or she will be sent home immediately at parental expense.

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent #2 (Optional)

Parent Name (Please Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### Behavioral Contract

1. In general, students will abide by the spirit of the SPA Family Handbook.
2. Students will follow directions given by chaperones in all circumstances.
3. Students are not allowed to go anywhere without at least one other person.
4. Students must ask permission from their chaperone before leaving their group for any reason.
5. Use of tobacco, alcohol, or illegal substances is strictly forbidden.
6. Personal listening devices and headphones/earbuds must be left in the cabins during the day.
7. Cell phones may be checked out from chaperones for brief periods of time in the evening for the sole purpose of communicating with parents.
8. Students must remain in their cabins throughout the night and until the stated time the next morning.
9. Students will not enter any cabins other than the one to which they are assigned.
10. All prescriptions and over-the-counter medications that a student will need on the retreat will be turned in to retreat leadership prior to departure on the first day of the retreat. Students are not authorized to have medications in their custody during the retreat. Medications will be dispensed to students by chaperones according to the plan laid out on the student's "Parental Consent Form to Dispense Medication."
11. The "Athletic Practice and Outdoor Field Day" Dress code shall be in effect for the retreat. The specifics of this dress code can be found in the Family Handbook which can be accessed at the SPA website.

Student Name (Print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 1 – MEDICAL AUTHORIZATION

I/we, the undersigned parent(s) or legal guardian of the minor listed above, do hereby authorize in an emergent or non-emergent situation any administration of first aid, the use of an ambulance, x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the state of Arizona and hospital service that may be rendered to said minor under the general, specific or special consent of the temporary custodian of the minor, whether such diagnosis or treatment is rendered at the offices of the physician or dentist to call in any necessary consultants, in his/her/their discretion.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/her/their best judgment as to the requirements of such diagnosis of medical, dental, or surgical treatment.

Preferred Insurance (please check the appropriate box):

- ☐ Insurance Company \_\_\_\_\_  
☐ Parental Waiver (No Insurance)

## SECTION 2 – ACCIDENT WAIVER & RELEASE OF LIABILITY

I/we, hereby assume all of the risks of participation, including by way of example and not limitation, any risks that arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, had sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, staff, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I waive, release, and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event.
- (B) I indemnify hold harmless, and promise not to sue the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event.
- (C) Entities or Person: Scottsdale Prep and its staff/administrators, host locations/their directors/volunteers, the activity/event holders, activity/event sponsors, activity/event volunteers.

I acknowledge that this activity or event may involve a test of a person's physical or mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people, including but not limited to, participants, volunteers, spectators, event officials, etc.

## SECTION 3 – PARENT/GUARDIAN AGREEMENT

The undersigned parent/legal guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually on behalf of the child/ward to the terms of the accident waiver, release of liability, and medical authorization set forth above.

**I certify that I have read this document, and I fully understand its content.**

**I am aware that this is a release of liability/medical authorization and a contract I sign of my own free will.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 2025 9<sup>th</sup> Grade Retreat

### Allergies, Dietary Restrictions, and Medication Information



Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Does your student have any food allergies? (circle one)      YES      no

If yes, please describe:

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Does your child have any other dietary restrictions? (circle one)      YES      no

If yes, please describe:

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Does your child take any daily medications? (circle one)      YES      no

If yes, please list below along with dispensing information. Note that all medications must be stored in a labeled Ziploc bag and given to retreat leadership prior to departure on the first day of the retreat.

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Other Comments (optional):

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