



WINTER RETREAT 2020

FEATURING MUSIC FROM ONU's

**The
Covenant**



FEB 28 - MARCH 1
GULL LAKE CAMP / \$125

What is Winter Retreat:

Winter Retreat is a an opportunity for 7th -12th grade students to get away for the weekend and to grow in your walk with Christ. There will be loads of fun and games, some great opportunities to build friendships, energetic and authentic worship with The Covenant from Olivet Nazarene University, and many chances to hear from and connect with God in a very real way. We hope to see you there!!

Location / Times:

Check-in begins at 4:00pm Friday.

Leave the church: Friday, Feb 28 at 5:00 pm

Return to church: Sunday, March 1 at 5:00 pm

Gull Lake Ministries is located in Hickory Corners, Michigan.

What to Bring:

Refillable water bottle

Toiletries

Bath Towel

Bible, Pen, Notebook/Journal

Money for Food on the road (2 fast food meals)

Pillow

Snow Gear

Flashlight

Snacks to share (one 2 liter of soda and a large bag of chips or cookies)

Medications (these will be given to the Medic at Check-in)

** We will be stopping for Dinner on the way there and Lunch on the way home.

**Make sure you have money with you!
(not packed in your bag)**

What not to bring:

Drugs*, Alcohol*, Cigarettes*, Weapons* Fireworks*

Video Games or Offensive Music

Offensive Clothing

Inappropriate Reading Material

** If a student is found with these items we will contact their parents and require that they pick their student up from camp.

Dress Code:

We want you to be comfortable at camp. We will be playing games in the gym and outside so please bring clothes that are warm!

Here are a few rules to follow as you plan what to bring!

GIRLS:

No Spaghetti straps (straps must be at least 2 inches), and modest shorts (shorts must be no shorter than the tips of your fingers when you arms are at your side). Clothing must not be too tight or see through!

GUYS:

Shirts must be worn at camp at all times.

NO OFFENSIVE CLOTHING:

Shirts, pants, hats with inappropriate images / language.

Rules for the weekend:

- 1. RESPECT is our number one rule.
Bullying or disrespect will not be allowed.**
- 2. Everyone must attend all services**
- 3. No guy's in girls rooms, No girls in guys rooms.**
- 4. Please respect other people's property. (Cell phones, suitcases, etc..)**
- 5. Vandalism may result in being sent home (At parents expense) in addition to paying for damages.**
- 6. No pranks in cabins.**
- 7. No silly string, whip cream, shaving cream, water balloons, etc...**
- 8. Cell Phones are allowed, but must be left in pockets/rooms during services (NO EXCEPTIONS)**
- 9. Everyone must obey all guidelines set by Radiate Coaches and Staff.**
- 10. No open-topped beverages on the bus. (screw caps only)**

*Breaking any of these rules will result in a warning.
After that a phone call will be placed to your parents,
If problems continue YOU WILL BE SENT HOME.

Student / Parent Signature

(PLEASE RETURN THIS PAGE WITH PAYMENT)

I understand that volunteer staff, chaperones and trip leaders will supervise my child while on this trip. I also understand that my child will be transported in church bus or van.

____ I have Filled out a Radiate: Medical Release Form.

T Shirt Size: _____ Food Allergies: ____

Check One:

____ My child needs no special considerations during this activity.

____ My child has the following special needs or considerations related to this activity

List any special needs:

Authorization for Emergency Treatment:

I hereby give permission to the supervisors and authorized drivers of church off-site activities to treat _____ in the event of a medical emergency. I also waive all claims against Richfield Church of the Nazarene, its employees, representatives, and volunteers related to this off-site activity. I also agree to assume any and all financial responsibility for the participant while under the supervision of Richfield Church of the Nazarene or its representatives. This permission form has been signed only after understanding and considering all of the information set forth above.

Student's Name: _____

Parent/Guardian Signature (If under age 18) _____

Emergency Contact Number: _____

Date: _____

** We also REQUIRE a Radiate medical release form.

**PLEASE TEAR OFF THIS PAGE AND RETURN IT
WITH PAYMENT BY FEB 2, 2020!**



*Please print legibly

Family Information and Release Form

Father's Name _____
 Address: _____ City: _____
 Apt/Unit: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____
 Sunday School Class Currently Attending: _____

Mother's Name _____
 Address: _____ City: _____
 Apt/Unit: _____ State: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____
 Sunday School Class Currently Attending: _____

Teen Information:

Teens Name	Birth date	Age	Cell Phone	School	Grade	M/F	T-shirt Size
1							
2							
3							
4							
5							
6							

Medical Information:

Insurance Carrier: _____ Policy #: _____
 Name of responsible party: _____
 Address: _____
 Family physician: _____ Phone #: _____
 List all medical conditions: _____

 List all allergies: Food - _____ Drug - _____
 Other - _____
 Medications required: _____

 Emergency contact name (other than parent): _____
 Relationship: _____ Phone: _____

Consent to Treatment of Minor and Release

Herein "Parent" _____

Herein "Minor(s)" _____

Herein "Organization": Richfield Church of the Nazarene

Herein Agent: Richfield Church of the Nazarene, and staff

The above-named Parent of the Minor has entrusted the Minor into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Minor participates in an activity sponsored by the Organization, and for the welfare of the Minor. The Parent does hereby authorize the Agent as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the laws of the State or Country in which the medical care is being sought, and on the medical staff of any hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which the dental care is being sought. It is understood that this authorization is given in advance of any X-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the Agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment or hospital care which the aforementioned surgeon, physician and/or dentist, in the exercise of his/her best judgment, may deem advisable.

This authorization is given pursuant to the provisions of the laws of the State or Country in which the medical or dental care is being sought.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender physical custody of the Minor to the Agent upon the completion of treatment. This authorization is given by provisions of the laws of the State or Country in which the medical or dental care is being provided. The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Agent and the Organization, under this authorization.

Furthermore, Parent voluntarily releases, discharges, waives and relinquishes all claims that they may have against Agent or Organization, its officers, employees, and volunteers for any and all claims, actions, or causes of action for personal injury, property damage or death occurring to Minor arising out of Organization's administration of or failure to administer medicine or medication to Minor, save and except only those claims due to Organization's fraud or willful injury to the person or property of Minor.

These authorizations shall remain effective until December 31, 2018, unless sooner revoked in writing delivered to said Agent.

No oral representations, statements, or inducements have been made by or between the parties to this Agreement with respect to the subject matter of this Agreement apart from the matters set forth within this Agreement.

I HAVE CAREFULLY READ THIS CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY AGREEMENT BETWEEN PARENT AND ORGANIZATION, AND SIGN IT OF MY OWN FREE WILL.

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____

Multi-Media/Photographic Release

The Parent hereby authorizes said Agent to use photos of minor on forms, brochures, and internet for promotional purposes of future events. Photos of teen shall remain the exclusive property of Richfield Church of the Nazarene and shall be used without notice or compensation.

Parent's Signature: _____ Date: _____