

RECHARGE 2018: YOUR MOVE

Winter Retreat Info Packet



Who Kankakee First Student Ministry

When February 2-4, 2018
Drop off at youth room at 4:00p on Friday
Pick up at youth room at 3:00p on Sunday

Where Sherman Lake YMCA
6225 North 39th Street
Augusta, Mi 49012
269.731.3021

Cost \$175

Cost covers everything from the moment we leave until the moment we return. Students are also asked to bring a drink or a snack for our community snack table.

Food All meals from Friday dinner through Sunday lunch will be provided.

Weekend Overview **RECHARGE** provides an opportunity for our students to get away together to focus on relationships their relationship with their Creator and Redeemer and their relationships with each other. This year's theme is "Your Move." We will be exploring how our actions always move us toward or away something and that is direction – not intention – that determines where we go.

Speaker **Andrew Twibell**
Lead Pastor @ Kankakee First

Worship Leaders TBA
TBA

The attached forms and a \$25 non-refundable deposit are due no later than Friday, December 22.

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Please register at <http://www.k3naz.org/RECHARGE2018>. If you would prefer to pay by check, make checks payable to "Kankakee First Church of the Nazarene."

Full payment is due no later than Sunday, January 19.

Kankakee First Church of the Nazarene 2016-2017

My, child, _____ has my permission to attend all activities associated with the ministries of Kankakee First Church of the Nazarene for the year _____.

Authorization to consent to treatment of minor

We (I) the undersigned parent(s) of _____ a minor, so hereby authorize First Church of the Nazarene as agent(s) for the undersigned to consent to any x-ray, 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 surgeon under license, under the provisions of the Medicine Practice Act on the medical staff of any Clinic or Hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital or clinic.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any physician in the exercise of his best judgment may deem advisable.

Approval of parents or guardian and waiver of claim

I hereby approve this application and certify to its correctness and expressly waive all claims against the First Church of the Nazarene, or any of its boards or representatives because of any injury or other damage that may be incurred to the applicant named on this paper or said applicant's property in connection with or incident at church authorized and sanctioned functions.

Signature of parent/guardian _____

Address: _____

Phone # _____ Work phone: _____

In case of emergency please notify: _____ Phone: _____

Insurance Number: _____ Insurance Company: _____

Family Doctor: _____ Phone: _____

The following individuals may pick up my child from events/activities/ministries associated with Kankakee First Church of the Nazarene.

- | | |
|----------|-------------|
| 1. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 3. _____ | Phone _____ |
| 4. _____ | Phone _____ |

_____ (Parent(s) Initials) I/WE GRANT permission for a photo/image that includes this minor to be published on church promotional and communication materials and public internet sites associated with activities of this Church

Grade: _____

Please circle your t-shirt size (adult unisex):

S M L XL 2XL 3XL

THIS FORM IS TO BE FILLED OUT BY THE PARENT ONLY!!!!

Minor's name: _____

Please indicate any of the following information that pertains to minor

- | | | |
|---|--|--|
| <input type="checkbox"/> Contact lenses | <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Sleep walking |
| <input type="checkbox"/> Eye glasses | <input type="checkbox"/> Hyperventilate | <input type="checkbox"/> Sleep wetting |
| <input type="checkbox"/> Braces | <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Homesickness |
| <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Kidney _____ | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Learning disability | <input type="checkbox"/> Asthma |

Other physical or emotional conditions and/or disabilities _____

A medication minor is currently taking and for what purpose (include inhalers) _____

Past Surgeries _____

Fears that may be of concern _____

Food allergies _____

Medical allergies _____

Animal/insect/ environmental allergies _____

Date of last tetanus shot _____ Is Minor able to swim _____

Other important information _____

Parent's Signature: _____ **Date:** _____

Sherman Lake YMCA Outdoor Center
Activity Release Form

Name: _____ Age _____
Address: _____ Phone# _____
Email: _____

If under the age of 18, parent/guardian name: _____

PLEASE READ: This form is intended to remind participants of the seriousness of attempting adventure activities with an old, preexisting injury, a heart condition or other condition which may be aggravated by the event.

QUESTIONS:

RESPONSE

- | | | |
|--|-----|----------|
| 1. Any preexisting injuries (ankles, knees, back, neck, etc) which may be aggravated by participating? | Yes | No |
| 2. Are you currently taking any medications? | Yes | No |
| 3. Any heart condition or heart medications? | Yes | No |
| 4. Do you have high blood pressure? | Yes | No |
| 5. Do you have any allergies (food, bees, insects) or reactions to any medications? | Yes | No |
| 6. Do you have any physical limitations? | Yes | No |
| 7. Current level of activity at home? | Low | Med High |

If you answered YES to any of these questions, please discuss them with your leader.

RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT

I hereby grant permission for me or my child to participate in the Wall, Rafters, Tower, Spaghetti Course, Courage Course, or any other activity at the Sherman Lake YMCA Outdoor Center. Any health concerns or considerations that I have are listed above. I hereby give permission to the medical personnel selected by camp staff to order x-rays, routine tests, treatment and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by camp staff to secure and administer treatment, including hospitalization. In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and program, and I further agree to hold harmless the YMCA and its' staff members conducting the activities from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the YMCA to have and use photographs, slides, or videotapes of me, my child or family as may be needed for public relations programs. I acknowledge that this General Release of Liability of the YMCA is binding on me personally and on my heirs, personal representatives, successors, and assigns.

Signature of Participant: _____ **Date:** _____

Signature of adult, parent or guardian of participant under the age of 18 years:

Date: _____

In case of emergency contact:

Phone # _____