



Creekside
COMMUNITY CHURCH

WINTER RETREAT: 2018

Information Packet

Friday, February 16 – Monday, February 19



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Creekside
COMMUNITY CHURCH

SCHEDULE:

FRIDAY

5:00^{pm} – Arrive at Creekside Community Church (333 NE Evans Street McMinnville, OR)

6:00^{pm} – Depart

11:00^{pm} – Arrive at Washington Family Ranch

12:00^{midnight} – Lights out

SATURDAY

7:00^{am} – Wake up

8:00^{am} – Breakfast

9:00^{am} – Work

12:00^{noon} – Lunch

1:00^{pm} – Work

5:00^{pm} – Dinner

7:00^{pm} – Session 1

9:00^{pm} – Free time in Gym

12:00^{midnight} – Lights out

SUNDAY

7:00^{am} – Wake up

8:00^{am} – Breakfast

9:00^{am} – Work

12:00^{noon} – Lunch

1:00^{pm} – Work

5:00^{pm} – Dinner

7:00^{pm} – Session 2

9:00^{pm} – Free time in Gym

12:00^{midnight} – Lights out

MONDAY

7:30^{am} – Wake up / Pack up

9:00^{am} – Breakfast

10:00^{am} – Depart

12:00^{noon} – Lunch

3:00^{pm} – Arrive at Creekside



WHAT TO BRING:

We will be gone Friday evening through Monday afternoon. The weather will, most likely, be cold and dry (sometimes we get a little rain)

- . Clothes for the ride there and back
- . Warm work clothes for 2 days (*we will be doing landscaping and housekeeping projects*)
- . Clothes to sleep in for 3 nights
- . Gym clothes
- . Warm jacket
- . Sleeping bag and a pillow
- . Water bottle
- . Bible
- . Pen and notebook
- . Toiletries (deodorant, toothbrush, toothpaste, body wash, shampoo etc...)
- . Sunglasses
- . Flashlight
- . Snacks for the road
- . Filled out permission slips for both...
 - Washington Family Ranch
 - Creekside Community Church
- . Signed Honor Code



Creekside
COMMUNITY CHURCH

Permission Slip

I hereby give my permission for _____ to attend Creekside's **YOUTH WINTER RETREAT** from **FRIDAY, FEBRUARY 16 – MONDAY, FEBRUARY 19 2018**. I give complete authorization for medical attention in the event of an emergency. I release Creekside Community Church of McMinnville from any liabilities pertaining to the **YOUTH WINTER RETREAT**. I also acknowledge that if _____ does not abide by the established rules (Honor Code) I may be asked to come and get him or her from the event.

Child's Full Name _____ Parent's Name _____

Address _____

Date of Birth _____ Phone # _____ E-mail _____

Emergency # _____ Insurance Co/Policy # _____

Medical information (i.e. Allergies, prescription medication, etc.) _____

Signature of Parental or legal Guardian _____ Date _____

*If you have any questions call **SAM WALLACE (503.474.0188)***

Honor Code

1. No swearing or offensive language.
2. No fighting or aggressive horseplay.
3. Obey all safety rules.
4. Respect and obey those in charge.
5. You must attend all group activities and meetings.
6. Love one another and be courteous.

By signing this contract, I verify that I have read and understand the Honor Code for the Creekside Community Church event. My signature is also my promise that I agree to abide by these rules, and understand that I will be sent home if I do not.

Signature of Youth _____



For area use only: Area # _____

CONSENT/ RELEASE FOR YOUNG LIFE ACTIVITY

I or my child will be participating in a Young Life activity: _____
Enter description and date of activity here

NOTE TO PARTICIPANT/PARENTS-GUARDIANS: Young Life wants you or your child's experience to be a safe and healthy one. However, in the event of an accident or illness, it is important that we have the following information:

Name of Participant _____ Birth date _____ Age _____ Sex _____
Last, First, Middle

Home Contact Info _____
Parents/Guardian/Spouse Name, Number

Home Contact Address _____

Emergency Backup Contact Info (Different from above) _____
Name, Number

Any allergies or other medical needs? _____

Limits to activities _____

Name of Physician _____ Physician Phone _____

Medical Insurance Company _____ Policy Number _____

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Young Life liable for any loss, damage, or injury to person or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Young Life, its agents and employees, and will indemnify and hold Young Life harmless from any liability for damages or claims against Young Life arising out of or in any way related to any such loss, damage or injury.

I release Young Life, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while at the activity. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: I/We hereby give permission to the medical personnel selected by Young Life to secure and administer treatment and to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulation, and to provide or arrange necessary related transportation for the above named person. To obtain a copy of Young Life's Notice of Privacy Practices, log on to www.younglife.org or call (719) 381-1950.

I verify that I or child named above is in good health and capable of participating in strenuous activities and, when necessary, will tailor my/their activities to those within the bounds of my/their physical health.

I recognize that any medical treatment that is provided to me (or my child) while attending a Young Life activity will be paid for by my medical insurance company and guarantee payment for services not paid by insurance. Young Life provides SECONDARY insurance for accidents in the amount of \$20,000 medical, \$4,000 dental. Claims less than \$250 are covered in full by Young Life.

I hereby grant Young Life permission to use, reproduce, and/or distribute photographs, films, video and sound recordings of me or my child without compensation or approval, for use in materials created for purposes of promoting the activities of Young Life, including the Internet.

Signature _____ Date _____