

Calhoun 1st UMC - Youth Spiritual Retreat – Preparing to LIVE OUT LOUD

Cohutta Springs Retreat Center, March 24-26, 2017

Most retreat activities will happen OUTSIDE. We will be sleeping in bunk beds in cabins but meeting, eating, and playing OUTSIDE. So, plan clothes for both the forecasted low temps and high temps. Plan on walking a lot (flip flops not recommended.)

We will have plenty of food – dinner Friday thru lunch Sunday. Bring snacks in an airtight container if you want something special, but you won't need them.

WHAT TO BRING

Bible

Pen

\$\$ for lunch on the way home on Sunday

water bottle

shoes and clothes for 3 days

- MUST have one pair of shoes adequate to complete a ropes course
- plan to get dirty
- dress in layers – we will be outside most of the time

sleeping bag or linen for twin bed

pillow

toiletries

towels

flashlight

rain gear if Weather Channel app says rain expected !!

Eno if you have one

camp chair (A MUST)

Frisbee, basketball, football, cards, etc....

bug spray, sun screen

plastic bag for wet/dirty things

WHAT NOT TO BRING: tobacco products, alcohol, drugs, firearms, weapons, fireworks, practical jokes

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DRAFT Schedule

FRIDAY

- 5:00 pm Arrive Calhoun 1st UMC and load vehicles
- 5:30 Depart Calhoun 1st UMC
- 6:30 Arrive Calhutta Springs Retreat Center, settle into cabin
- 7:00 Dinner and Game, Free Time
- 8:30 Session 1
- 10:00 Breakout Session
- 11:00 Quiet Hours Start
- Midnight Lights Out

SATURDAY

- 8:00 am Breakfast
- 9:00 Quiet Time / Devotion
- 9:30 Session 2
- 11:00 Free Time
- 12:30 Lunch
- 1:30 Ropes Course
- 4:30 Free Time
- 6:00 Dinner
- 7:00 Session 3
- 9:00 Bonfire
- 11:00 Quiet Hours Start, Breakout Session
- Midnight Lights Out

SUNDAY

- 8:00 am Breakfast, Pack and Load Vehicles
- 9:30 Session 4 / Worship
- 11:30 Depart, Lunch on Our Way
- 1:30 Final parking, unload, parent pick up at Calhoun First UMC

Calhoun 1st UMC - Youth Spiritual Retreat

COST: \$40

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REGISTRATION, PERMISSION, and MEDICAL RELEASE FORM

Registration Deadline: Sunday, March 12 (see leaders if extension needed)

Each student OR adult must fill out the information below completely.

Name _____ Male Female (circle one)

Date of Birth _____ Age _____ Phone # _____

Address _____ City/State/Zip _____

Email Address _____

Parent/Guardian _____ (other) Emergency Contact _____

Phone #'s: _____ Phone #'s: _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy Number _____

Name on Insurance Card _____

Physician's Name _____ Phone _____

Comments, Medical Information and Medication

Medications (include prescription and non-prescription, dosage, and times)

Allergies (all allergies including food)

In addition to the medications listed above, I give permission for my child to receive basic first aid to include but not be limited to the following:

___ Ibuprofen ___ antacid ___ antibiotic cream ___ sudafed ___ cough drops ___ anti-diarrheal ___ other _____

I hereby give my permission for myself or my child to participate in activities organized by Calhoun First United Methodist Church. I hereby release, hold harmless and absolve Calhoun First United Methodist Church, their staff, sponsors, vendors and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Calhoun First United Methodist Church staff or any adult counselor acting on behalf of Calhoun First United Methodist Church with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

To the best of my knowledge, I have listed above all my or my child's medical allergies, medications being taken, medical problems and other pertinent information.

Finally, I agree that Calhoun First United Methodist Church may tape or photograph my child and record his or her voice during their participation in the activity. I agree that Calhoun First United Methodist Church will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing Calhoun First United Methodist Church, whether during the activity or thereafter. I hereby release and discharge Calhoun First United Methodist Church and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

Signature (participant) _____ Date _____

Signature (Parent or Guardian) _____ Date _____