

Spiritual Life Retreat (SLR) Information Packet

Inside Packet

- Information Sheet Page 1
- Packing List Page 1
- Retreat Schedule Page 2
- Retreat Paperwork Page 3-6

Information Sheet

- Travel Information
 - Drop-off Time: Friday, March 13 @ 2:45 PM @ Solid Rock Cafe
 - *You will have to check-out your student from school*
 - Leaving Parking Lot @ 3:00 PM
 - *Do not be late, we need to be on the road before Atlanta traffic gets bad*
 - Pick-up Time: Sunday, March 15 @ 2:30 PM @ Solid Rock Cafe
- Financial Information
 - Final balance due before Friday, March 13
 - Additional Money
 - Youth Service Fund. During SLR North Ga Conference raises money for the Youth Service Fund. The money raised will go to the fund and it is available for youth groups to apply for funds to help with new mission initiatives in their youth ministry and community. SRL Staff will be selling ducks for the duck races, candy, cookies, coke products, stickers, and new this year, duck t-shirts! You can bring money to support this fund if you wish.
 - Glisson Store will also be open for youth to purchase snacks if they wish
- Information Contact Information
 - Moose Mosteller: 770-891-8369
 - Camp Glisson Address
 - 690 Camp Glisson Rd., Dahlonega, GA 30533
- Paperwork Information
 - You will need to turn in three paperwork forms for this retreat on Friday, March 13
 - *All three need to be printed out and filled out before you arrive on Friday, March 13*
 - Paperwork can be found on page 3-6 of this packet
- **Packing List**
 - *Due to limited space: Everything needs to fit into ONE duffle type bag (that is soft and can squish) and one book bag for on the van.*
 - Comfortable clothes – weather can be warm or cold, sunny or rainy!
 - Coat or jacket
 - Rain gear
 - Extra pair of shoes in case you get wet
 - Shower shoes
 - Personal toiletries
 - Bible, journal or notebook, pen
 - Flashlight
 - Linens (sheets, sleeping bag, towels)
 - Pillow
 - *(optional)* Money for snacks (Glisson store will open at certain times)
 - *(optional)* Donation for Youth Service Fund
 - Make sure your youth leader has your medical form and permission/covenant form!
 - A good attitude and an open heart

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• Retreat Schedule

• Friday

- 2:45pm Arrive At Solid Rock Cafe
- 3:00pm Leaving Parking Lot (we will stop for dinner on way up)
- 7:30pm Registration
- 9:00pm Worship (Holland Building)
- 10:30pm Small groups and youth leaders meeting
- 11:30pm In cabins
- 12:00am Lights Out

• Saturday

- 8:00am Breakfast
- 9:00am Worship (Holland Building)
- 10:30am Small groups
- 12:15pm Lunch
- 1:00 pm SMALL GROUP RACES
- 2:30pm Block Party @ Holland
- 3:30pm DUCK RACES @ Falls
- 4:00pm Low Ropes Course
- 6:00 pm Dinner
- 6:45pm Small groups
- 8:15pm Worship (Chapel)
- 9:45pm Youth Group Time
- 11:00pm In cabins
- 11:30pm Lights Out

• Sunday

- 8:00am Breakfast
- 9:15am Small groups
- 10:00am Worship (Holland Building)
- 11:15am Head home (we will stop for lunch on way back)
- 2:30pm Arrive at Solid Rock Cafe

“Safe Sanctuaries” for North Georgia Conference Youth Events

According to the Conference’s Child Abuse Protection Policy:

1. The North Georgia Conference of the United Methodist Church endorses the recommendations for youth ministry sleeping arrangements as published in *Safe Sanctuaries for Youth: Reducing the Risk of Abuse in Youth Ministries* (Melton, Discipleship Resources, 2003, pg. 49):

“In a hotel-type setting, it is recommended that youth be assigned to rooms and adults be assigned to separate rooms. This would also be recommended for dormitory settings. If possible, make the room assignments so that an adult room is between two youth rooms. It is also recommended that the adults arrange among themselves to check on the youth rooms on a random schedule during the night.”

2. All District and Conference ministries with children/youth shall be governed by these guidelines:

- A minimum of two adults shall be present at all times. The number of workers required for each event (above the minimum of two) will be determined by the number and age of the participants and the nature of the activities. *(note: 6 students to 1 adult of the same gender for SLR and Confirmation retreats)*
- If both boys and girls are participants, then the adult leaders should also include both men and women.
- Unauthorized visitors will not be allowed to visit the premises or remain with the group.
- Participants will not be allowed to leave the designated meeting area without permission/supervision.
- During ministry events, one-on-one activities shall not be conducted “behind closed doors” or in an isolated area away from trained supervisory persons.
- All ministry events will be carried out in appropriate locations with adequate equipment and trained adult supervisors present.

3. The General Conference mandate of 1996 requires all UM Churches to have policies and procedures in place to make sure no harm comes to those under the age of 18 while they are in our care and ministry. Simply put, every church should plan to screen, train, and supervise all workers and establish a suspected abuse-reporting plan that complies with Georgia state law. This form is being required to continually make you aware of this mandate, but also to make sure that we are complying at all Conference Youth Events.

For more information, you may obtain a copy of the Conference Abuse Prevention Policy at www.ngumc.org. You may also obtain more information about constructing and implementing a Policy with *Sanctuaries for Youth: Reducing the Risk of Abuse in Youth Ministries* (Melton, Discipleship Resources, 2003, pg. 49):

I certify that I am the group leader that is “in charge” of my group. On behalf of myself and as an agent of the congregation that I represent, I accept responsibility for making the appropriate arrangements to fulfill these expectations for this North Georgia Conference Youth Event.

Signature: _____

Please print your name: _____

Name of Church or group: Carrollton First UMC, Solid Rock Youth Ministry

Town where Church is located: Carrollton, GA

Date _____

Spiritual Life Retreat 2020 Permission & Covenant Form

Please check which weekend you are attending:

SLR1 (March 13-15) SLR2 (March 20-22) SLR3 (March 27-29)

Church Carrollton First UMC

Participant Name _____

Address _____

City, State, Zip _____

Email _____

Grade (for students) _____

To Be Signed by Parent/Guardian of above or, in case above is an adult, then that adult -

I give permission for my child/myself to attend the Spiritual Life Retreat 2020 at Glisson Camp and Retreat Center and all the activities that it involves. I also authorize the representatives of the North GA Conference and the church listed above to seek medical treatment for my child or for me should it be necessary. I agree to be solely responsible for the total costs of all medical care. I release the representatives of the North GA Conference from any and all liability in connection with my child's participation or my participation in the retreat activities. I agree to come and pick up my child if my child fails to follow the covenant and rules of the camp. I also allow pictures to be taken of myself or my child for the purpose of publicity.

Signature _____ Date _____

PARTICIPANT COVENANT (To be signed by participant) -

Along with the leaders and youth, I agree to act in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I agree to participate in all the activities at Spiritual Life Retreat 2019. By signing this covenant, I understand that I might be sent home if I do any of the following activities: possess illegal drugs, non-prescribed medication, alcohol or tobacco products, a weapon, or fireworks, disrespect authority, or take part in any other activity or action that leaders deem as inappropriate. I promise to strive to make this retreat and each activity the best it can be!

Signature _____ Date _____

This form must be signed and returned to your group leader. Group leader must turn in all covenant forms upon arrival at retreat.

Medical Release and Liability Form

Name of Church CONNECTIONAL MINISTRIES/ NORTH GA CONFERENCE

Name of Participant _____

Name of Legal Guardians _____

Address _____

Home Phone (_____) _____ Work/Cell Phone (_____) _____

Age _____ Birthdate _____ SS# _____

School _____ E-mail _____ Date of Last Tetanus _____

Functions and Activities

I understand that participating in programs, recreation and other activities of North Georgia Conference of the United Methodist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Emergency Contacts

Medical Doctor _____ Phone Number _____

Name _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Name _____ Relation _____

Home Phone _____ Work/Cell Phone _____

Insurance information

Carrier _____ Carrier Phone Number _____

Policy Holder Name _____ Policy Number _____

Medical History

(Include special medical needs or concerns such as asthma, allergies, conditions, dietary needs, **medications**, etc.)

Other Information that leaders should know about the child or adult participant:

For use if the Participant is a Minor

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above Permission and Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to be sent home. I also allow for pictures to be taken of my child, or me if I am a participant, for use in publicity of North Georgia Conference Youth and Young Adult Ministries.

Signature of Parent or Legal Guardian _____

Date _____

Print Name of Parent or Legal Guardian

Witness Signature _____

Date _____

Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in these activities. I also allow for pictures to be taken of me for use in publicity of North Georgia Conference Youth and Young Adult Ministries.

Signature Michael Matthews _____

Date 3/4/20 _____

All Participants

Along with the leaders and other youth, I agree to conduct myself in a Christian manner. I promise to respect God, respect myself, respect other people, and respect property. I understand that my agreement holds me responsible to these things and the consequences thereof. I agree to participate in these activities of the church, to cooperate participation in church activities depends on my support of this agreement. By signing this covenant, I understand that action will be taken and I am subject to be sent home if I partake in any of the following activities: possession of illegal drugs, non-prescribed medication, alcohol or tobacco products, possession of weapons, disrespect for authority, or any other activity that adult leaders deem as inappropriate. I covenant to strive to make each activity/trip/retreat the best it can be!

Signature _____

Date _____