



**“Shema”
Fall Retreat 2018**

Friday, October 12–
Sunday, October 14



Contents

- **Retreat Schedule**
- **What to Bring**
- **What Not to Bring**
- **Transportation Details**
- **Supervising Adults– Parents keep this sheet for your information.**
- **Camp Istrouma Rules**
- **Munholland Youth Ministry Waiver/ Medical Release (good from May 2018–May 2019)**
- **Camp Istrouma Waivers**

Fall Retreat 2018 Schedule

Friday, October 12

5:00pm- Arrive at Church

5:15pm- Departure

7:00pm- Dinner

8:00pm- Orientation/ Session 1

9:00pm- Small Groups

9:30pm- After Dark Game

11:00pm- Lights out

Saturday, October 13

8:00am- Breakfast

9:00am- Session 2

10:00am- Small Groups

10:30am- Paintball

12:00pm- Lunch

1:30pm- Lake Activities

5:30pm- Dinner

7:00pm- Session 3

8:30pm- Small Group

9:15pm- Break

10:00pm- After Dark Game

11:00pm- Cabins

11:30pm- Lights Out

Sunday, October 14

8:00am- Breakfast

8:30am- Pack and Clean

9:30am- Session 4

10:15am- Depart

12:00am- Return to Church

What to Bring

Temperature will be in the 40's at night!

- Appropriate Daytime clothes (t-shirts, shorts, pants, underwear, socks, shoes)
- Jacket, Sweatshirts, etc.
- Pants/long sleeves for paintball
- Pajamas
- Toiletries
- Towel (for showers and for swimming)
- Sleeping Bag or sheets/ blankets
- Pillow
- Flashlight
- Water Bottle
- Hat
- Sunscreen
- Bug Spray
- Close toed shoes/Tennis Shoes/Boots
- Flip Flops to wear in the shower
- Snacks (we will have some)
- Bible, notebook, pen
- Camera
- Money for vending machine/ gift shop

Note: Each Person is allowed one large bag and a small bag. Bunk Beds are provided in cabins.

What NOT to Bring

- PHONES
- Drugs/Alcohol
- Tobacco
- Firearms/Fireworks
- Stuff for Pranks
- Electronic Devices- Gameboys, Ipads, etc.
- Bad Attitudes
- Anything that could get you into TROUBLE!

Transportation Details

Address:

Camp Istrouma
25975 Greenwell Springs Rd
Greenwell Springs, LA 70739

Directions:

1. I10 W
2. I55 N
3. I12 W
4. Exit 12 toward LA-1026/ Juban Road
5. Turn right onto Juban Road
6. Turn left onto US 190 W
7. At the traffic circle, take 1st exit onto Eden Church Road
8. Turn left onto LA-1026 N
9. Continue onto LA-64
10. Turn right onto LA-37 N
11. Destination is on the left.

Supervising Adults

Female Chaperones

Olivia Newell (Nurse)
(205)-910-8193

Abbie Clark
(504) 250-1846

Male Chaperones

Wilson Newell (Youth Director)
(251) 709-3205

Clayton Clark
(504) 250-3427

Nate Beck
(318) 751-7050

Camp Istrouma Phone Number:

(225) 261-2089

Worship Team from Montgomery, AL:

Henry Miller

Grace Miller

John Thomas

Please review this sheet with your group to help them be informed of our policies. This is not an exhausted list of our policies so please review your contract.

Cabin Rules

- No food or drinks in cabins.
- Do not move the beds.
- Do not write on the beds.
- Do not stand or horse play on the beds.
- Do not leave trash (food) outside cabins, animals will get into it.

General Rules

- **No sunflower seeds allowed in any of our buildings.**
- **No one near director's house or the lake pass 10pm.**
- **All use of our outdoor elements (pool, blob, water slide, zip line, climbing wall, and low ropes) must be approved and on contract before a retreat starts. If anyone in your group is found using these elements, your entire group may be asked to leave.**

Cabin Clean-Up List

We ask of everyone to leave the cabins and buildings in the same condition you received them.

1. Empty cabin trash cans into large trash cans in common area.
2. Sweep Bathroom floor.
3. Flush toilets.
4. Remove grass, sand, and personal items from shower.
5. Pick-up all trash and clothing on floors and under beds.
6. Sweep cabin floor if needed. Dust mops are located in the common area.
7. Turn-off the lights and A/C once you leave.
8. If you use the refrigerator, please clean it out.

And whatever you do or say, do it as a representative of the Lord Jesus, giving thanks through him to God the Father.

Colossians 3:17

Work willingly at whatever you do, as though you were working for the Lord rather than for people.

Colossians 3:23

Munholland UMC Youth Ministry 2018-2019

Munholland UMC, 1201 Metairie Rd, Metairie, LA 70005 (318)219-6512

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Secondary Address: _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any Munholland UMC children/youth ministry activities, events, retreats and childcare during the period of May 1,2018- May 1, 2019

LIABILITY RELEASE: In consideration of Munholland UMC allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, Lock-Ins, Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Munholland UMC, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Munholland UMC. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

----- x-----
Name of youth participant Signature of youth participant Date

----- x-----
Name of parent/guardian Signature of parent/guardian Date

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name _____ Nickname _____
Home Address _____
Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____
List all parent/guardian contact phone numbers in best order to be reached: _____

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____ Relation: _____
Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____
Phone(s) _____ Fax: _____
Name of practice: _____
Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____
Policy/Group ID#: _____ Policy
Holder's Name (please print): _____

Required: Attach a copy of medical insurance card here.

MEDICATION:

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>
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-----	-----	-----	-----
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Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.
Parent signature_____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
Parent Signature_____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

The Istrouma Methodist Camp, Inc.
d/b/a Camp Istrouma
25975 Greenwell Springs Rd, Greenwell Springs LA 70739
READ CAREFULLY

WAIVER AND RELEASE OF LIABILITY

In consideration of **Camp Istrouma** furnishing services and/or equipment to enable me to participate in paintball games, I agree as follows:

I fully understand and acknowledge that; (a) risks and dangers exist in my use of Paintball equipment and my participation in Paintball activities; (b) my participation in such activities and/or use of such equipment may result in my injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of **Camp Istrouma**; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, employees of **Camp Istrouma**, or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify **Camp Istrouma** and it's owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Paintball equipment or my participation in Paintball activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of **Camp Istrouma**. This waiver is good through **12/31/2015**.

MEDICAL PERMISSION AUTHORIZATION

If the participant is of minority age, the undersigned parent or guardian hereby gives permission for **Camp Istrouma** to authorize emergency medical treatment as may be deemed necessary for the child named below while participating in paintball games.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE CAMP ISTROUMA FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Name _____

Age _____ Date of Birth _____ Phone (_____) _____

Address _____

City, State Zip _____

Signature _____

Signature of Parent/Guardian (if less than 18 years old)

E-mail _____

Date: _____

Camp Istrouma

P.O. Box 333 • Greenwell Springs, Louisiana 70739
225-261-2089 • campistrouma@campistrouma.com

Liability Release Waiver

I hereby release Istrouma United Methodist Camp from any and all liability resulting from injury or accident while participating in activities, including but not limited to: blob, zip-line, waterslide, climbing wall, low ropes course, pool, archery or hiking trails; while on camp property.

Signature of Participant

Signature of Parent or Legal Guardian
(If participant is less than 18 years of age)

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