

# *River Oaks Community Church Youth Ministry*

**ROCC Youth Fall Retreat (6<sup>th</sup> – 12<sup>th</sup> grades)  
YMCA Camp Hanes  
October 4-6, 2019**



## **SPIRITUAL GIFTS**

**·DIVERSITY. UNITY. MINISTRY.·**

***Cost \$150***

***REGISTER & PAY ONLINE AT [ROCCYOUTH.ORG](http://ROCCYOUTH.ORG)***

**This packet includes all the information needed for this trip.**

## 2019 ROCC Youth Fall Retreat General Information

**What:** This is our annual Fall Retreat and we are combining our high school and middle school ministries! This will be a fun and adventurous weekend for each student.

**Where:** We will stay at YMCA Camp Hanes, which is located in King, NC. We will travel by two chartered buses to and from the camp. It is about a forty-five-minute drive from the church.

**When:** We will leave Friday, Oct 4, at 5 pm from the church and will return Sunday, Oct 6, at 12:30 pm. Please be at the church Friday afternoon at 4:30 pm. We will call or text if we run late on Sunday.

**Who:** Students who are currently enrolled in 6-12<sup>th</sup> grade.

**Why:** This will be a weekend of fun and adventure, along with great teaching, bonding, worship, and ministry.

**How:** Complete the enclosed "Medical Information and Consent Form" (all students must fill out) and "Medication Release Form" (if you plan on sending any medication, prescription or otherwise, with your student), both found at the end of this packet. Please bring forms, a copy of your insurance card, and (non-tax deductible) payment of \$150 to ROCC Youth on Sunday afternoon or to Janet Pemberton in the church office by **September 22, 2019**. Checks may be made out to ROCC Youth or River Oaks Community Church, with "Retreat" and your child's name in the memo line.

**THEME:** The theme this year is "Spiritual Gifts" and we'll help students understand what spiritual gifts are, give them an opportunity to take a spiritual gifts assessment, and how to use their gifts to build the kingdom of God.

- Session 1: Introduction to the purpose and nature of spiritual gifts
- Session 2: Discovering your spiritual gifts – Assessment given
- Session 3: The gifts and Pentecost
- Session 4: Putting your gift(s) into practice to build God's Kingdom

The Gray Steadman band from Harvest Winston will be leading us in worship on Friday & Saturday.

### **Emergency Contact:**

The camp is located at: 225 Camp Hanes Rd., King, NC 27021.

- Brian Edmonds cell phone: (336) 682-3936.
- Corey Mitchell cell phone (336) 391-9792
- Doug Todd's cell phone is: (336) 816-4845.
- Camp Hanes office: (336) 983-3131.

All of the names listed above will be at the retreat and will be an active part of the planning process.

### **Financial Assistance:**

We don't want any student to be prevented from going because of finances. We understand that many families have multiple students in youth so please contact us if you need a scholarship form. Don't underestimate the power of support letters and even setting up a gofundme.com page.

**PLEASE ask your student to come with an expectant heart and a desire for God to move in their life!**

- **NO CELL PHONES** (see emergency contact list above if you need to reach a student)
- No tobacco, alcohol, or drugs
- No weapons including pocketknives
- No electronics: cell phones, iPods/MP3 players, game systems, etc.
- No expensive jewelry or clothing
- No shirts with offensive language or graphics (promoting alcohol, tobacco, etc.)
- No tank tops; no tight shirts; no low-cut shirts; no spaghetti-strap tops.
- No boxers, bra straps, or underwear showing

**ROCC YOUTH Retreat Tentative Itinerary:**

FRIDAY	4:30 pm	Arrive at church
10.04.19	5:00	Leave for camp
	6:00	Arrive at the camp
	6:45	Dinner
	8:00	Evening teaching and worship
	9:30	Activity sign-ups and snack time
	10:30	Small group time in cabins
	11:00	Lights out
SATURDAY	8:00 am	Breakfast
10.05.19	9:00	Quiet Time / Devotions
	9:30	Morning Service
	12:00 pm	Lunch
	1:00	Free Time
	5:30	Dinner
	7:00	Evening Service
	10:00	Snack Time
	10:30	Small Group Time
	11:30	Lights Out
SUNDAY	7:00 am	Pack up
10.06.19	8:00	Breakfast
	9:00	Quiet Time / Devotions
	9:30	Morning Service
	10:30	Small Group Time
	11:15	Load Bus
	12:15pm	Back at church

**Free Time Activities Available:**

High Ropes/Alpine Tower	Hiking (as long as trail is dry)	Archery	Zip Lines
Basketball	Riflery (still TBD)	Football	Climbing Wall

If someone is not an outdoor enthusiast, please do not let the activities discourage him or her from coming on this trip. The grounds are beautiful and colorful this time of year. Many students enjoy sitting around and getting to know each other. This will be a great trip for fellowship and bonding, which is especially important if your student is new to our ministry. It is a great way to get to know everyone and return home on fire for God with new friendships!

## **FYI and Rules:**

- The trained YMCA Camp Hanes staff closely supervise and instruct the youth on all sports activities.
- Our youth leaders also monitor all sports activities and will chaperone students at all times.
- Each student is assigned to a small group with two or more assigned adult leaders.
- Students must always be in groups of at least three people.
- No one is allowed in the cabins, except during sleep time.
- Strict boundaries are set up and enforced by the youth leaders.
- Girls are not allowed in the guys' cabins or on the path leading to the guys' cabins.
- Guys are not allowed in the girls' cabins or on the path leading to the girls' cabins

**For any youth not following the rules, parents will be contacted and will be asked to transport the offending student home—no exceptions.**

## **Packing List – Bring only one suitcase. Please label all belongings.**

### ***Clothing:*** (no shorts or swimsuit needed for this trip)

- \_\_\_ Sturdy shoes or tennis shoes for outdoor activities & socks
- \_\_\_ Jeans or long pants
- \_\_\_ Shirts - Bring long *and* short-sleeved shirts (check the weather and make sure you pack accordingly)
- \_\_\_ Sleepwear – modest please, no spaghetti-strap tops
- \_\_\_ Medium-weight jacket, gloves, hat (it may get cold)
- \_\_\_ Underclothing (socks, underwear, t-shirts)

### ***Miscellaneous:***

- \_\_\_ Bible, notebook or journal, and something to write with
- \_\_\_ Flashlight
- \_\_\_ Personal toiletries (toothpaste, toothbrush, soap, shampoo, deodorant)
- \_\_\_ Medication taken regularly in their original containers (must be given to youth leader at registration)
- \_\_\_ Extra pair of glasses or contacts if you wear them
- \_\_\_ Antibacterial wipes
- \_\_\_ Plastic trash bag for dirty clothes
- \_\_\_ Snacks for personal use (Ziploc bags to keep the bugs out)
- \_\_\_ Towel and washcloth
- \_\_\_ Flip flops for the showers
- \_\_\_ Twin size bed sheets and blanket or sleeping bag, pillow
- \_\_\_ Guys: bring a 2-liter soda *and* a salty snack to share (chips, pretzels, Fritos, nuts, etc.)
- \_\_\_ Girls: bring a 2-liter soda *and* a sweet snack to share (cookies, candy, brownies, etc.)

**Complete the Youth Medical Form and Consent for Off-Site Trips on the next page ONLY if you haven't done one for the school year.**

**You can check the attachments on your student's CCB account at [rocclink.org](http://rocclink.org) if you are unsure.**

## River Oaks Community Church – Medical Consent Release

Participant's Full Name \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Health Problems: \_\_\_\_\_

Daily Medicines: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Bee Sting or Other Allergies: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Does the Participant have any the following: (Please circle Yes or No)

Diabetes: Yes No

Asthma: Yes No

Seizures: Yes No

Heart or BP Problems: Yes No

Insulin: Yes No

Inhalers: Yes No

Epi-Kit: Yes No

Nebulizer Machine: Yes No

*(Note: If the participant ever needs an Inhaler, Neb Machine, Epi-Kit or Glucose Monitoring kit, it MUST be brought on this trip)*

Responsible Party Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_

Cell #: ( ) \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone: ( ) \_\_\_\_\_

The above-named participant \_\_\_\_\_ has my permission to attend the River Oaks Community Church Youth Fall Retreat to Camp Hanes from October 4 to 6, 2019. I hereby release River Oaks Community Church, its employees, the Adult Chaperones and Camp Hanes from all liability should any injury occur on this trip, including transportation to and from the camp.

**Please sign:** \_\_\_\_\_

I give my permission for the Adult Chaperones to administer minor first aid and treatment should the need arise. This may include the use of over-the-counter medicines, such as: Tylenol/Advil for minor fever, aches and pains; Sudafed for congestion; Benadryl for allergies and/or rashes; Robitussin DM and/or cough drops for coughs; Dramamine for motion sickness or nausea; Visine eye drops for eye redness and irritation; or anti-diarrhea medicine for diarrhea. I have crossed out any medicines that I do not want given to the participant.

**Please sign:** \_\_\_\_\_

I also give my permission for the Adult Chaperones to use their judgment should the participant need urgent medical care. I expect the Adult Chaperones to attempt to contact me before the participant is taken to an Urgent Care Facility or Emergency Department, unless there is a life-threatening situation, then I expect to be contacted as soon as possible. I hereby authorize the Adult Chaperone to sign for the above-named participant's medical treatment should the need arise. I understand that I am ultimately responsible for all medical expenses incurred.

**Please sign:** \_\_\_\_\_

I am sending prescription medicines (if any) for an Adult Chaperone to administer to the participant. I am also sending non-prescription medicines (if any) that the participant may need. I am sending all medicines in their original containers that are clearly labeled with the participant's name, and how often the medicine is to be given. All medicine containers are in a zip lock bag that is labeled with the participant's name. I acknowledge that all medicines are to be in the care of an Adult Chaperone for dispensing to the participant if needed. I have instructed the participant not to take any medications without the consent and under the direction of an Adult Chaperone. **Please sign:** \_\_\_\_\_

I hereby grant and assign to River Oaks Community Church permission to use pictures/video of my child in any and all media, including electronic usage, and printed products, for the purposes of recapping the trip and promotional material of future ROCC youth trips, or to decorate our youth spaces with memories of our trip, which may include my child.

**Please initial:** \_\_\_\_\_

I agree with the above, and hereby give my consent for this trip.

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Medication Release Form

**(Complete only if you are sending medications for us to administer)**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

*"I am sending my child's prescription medicines (if any) for the Adult Chaperone to administer to my child. I am also sending non-prescription medicines (if any) that my child may need. I am sending all medicines in their original containers that are clearly labeled with the child's name, and how often the medicine is to be given. All medicine containers are in a zip lock bag that is labeled with my child's name. I acknowledge that all medicines are to be in the care of an Adult Chaperone for dispensing to my child."* (Quoted from ROCC Medical Release Form)

Please list prescription medications, dosage, and administration instructions below.

All medications (prescription or otherwise) must be in the care of the church designated adult chaperone, \_\_\_\_\_ and will be returned to the student's parents upon arrival home from the trip.

Medication will be given based on instructions below.

Medication	Dose	Time/Frequency of Administration

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_