

Junior/Senior
Leadership Retreat
11th-12th Grade Students Only!



Gatlinburg, TN

This packet includes information for the
Jr./Sr. Leadership Retreat
January 19-21, 2019

The Total Cost of the Trip is \$150 PLUS money for 2 meals (one going & one coming).

- Go to roccyouth.org for registration and online payment options.
- Deadline to register December 2, 2018.

What will we do?

Join us as we travel to the Great Smokey Mountains where we will focus on leadership skills and getting our upperclassmen to take ownership of leading their peers and mentoring others. We will begin the weekend by learning teamwork skills and budgeting, as students will have to plan all the meals we'll be eating and buying groceries our groceries for the weekend with a fixed budget. We will also discuss how to prepare spiritually and mentally for life beyond youth and how to finish "the youth years" well and ways they can easily transition into ROCC's Young Adult Ministry (YAM). During our free time, we will go indoor skydiving and shop in downtown Gatlinburg, TN. There are only 22 spots available so register ASAP.

Where will we stay?

We will be staying at Heaven's Hidden View Lodge: 1251 Ski View Dr, Gatlinburg, TN 37738

Jr/Sr Retreat TENTATIVE Schedule

Saturday

10:00 am – Arrive at River Oaks
2:30 pm - Arrive in Pigeon Forge, TN
3:30 pm – Grocery Store (Focus on budgeting & team building skills begins)
6:00 pm – Dinner at cabin
7:00 pm – Shopping at Tanger Outlets
9:00 pm – Leadership Session 1
10:00 pm - Fellowship Time

Sunday

8:00 am - Breakfast
8:30 am – Quiet time
9:00 am - Leadership Session 2
10:30 am - Leave for Church – Pathways Church in Sevierville, TN
12:45 pm – Lunch at the cabin
1:30 pm – Leave for Flyaway Indoor Skydiving
4:35pm – Back to the cabin
5:30 pm – Dinner at cabin
6:30 pm – Shopping in downtown Gatlinburg
9:00 pm – Leadership Session 3
10:00 pm - Fellowship Time

Monday

9:00 am – Breakfast
8:30 am – Quiet Time
9:00 am - Leadership Session 4
10:00 am - Pack up/cleanup
11:00 am – We're out of here
4:00 pm – Arrive back at River Oaks

Leadership Retreat Packing List

(Please label all belongings with your name. Bring only one *small* suitcase)

Clothing:

- Comfortable walking/hiking/bike riding shoes
- Flip flops or shower shoes for the showers (if desired)
- Warm clothes. It is the middle of the winter. Check the weather for the weekend and pack accordingly!
- Sleep wear (modest and conservative, no spaghetti straps or tank tops)
- Poncho or rain cover (if desired)
- Modest bathing suit – The hot tub might be hooked up – No promises on this working.

Other items:

- Bible
- Notebook journal, pencil, pen
- A few of your favorite recipes to feed a team of about 20 people
- Personal toiletries (toothpaste, toothbrush, soap, shampoo, deodorant, etc)
- Medication you take regularly (in original containers, then labeled in a zip lock bag)
- Extra pair of glasses or contacts (if you wear them)
- Pillow and pillow case
- Plastic trash bags (for dirty clothes)
- Munchies (bring zip lock bags for after they're opened to keep the bugs out)
- \$50 max (spending money for shopping, 2 meals while traveling)
- Cell phones will be allowed on this trip only when we go shopping in groups and need to contact everyone once it's time to reconvene.

What should I leave at home?

1. Tobacco, alcohol, or other drugs (strictly prohibited, no grace with this one)
2. Anything expensive that you wouldn't want to lose
3. Cell phone, iPods, mp3 players, game systems.
4. All bad attitudes.

*This information packet as well as the packing list, medical form, and application can be downloaded and printed from the youth website at www.roccyouth.org.

Please call the church office with any questions: 766-0033.

Emergency Contact Information

Brian's Cell (336) 682-3936 Corey's Cell (336) 391-9792

River Oaks Community Church
Youth Medical Form and Consent for Trip
WE WILL NOT ACCEPT WITHOUT COPY OF INSURANCE CARD

Please attach a photocopy of
front and back of Insurance
Card

(Please print)

Youth Name: _____ Nickname: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ Age: _____ DOB: _____
Health Problems: _____
Daily Medicines: _____
Medicine Allergies: _____
Food Allergies: _____ Bee Sting or Other Allergies: _____ Last Tetanus Shot: _____
Does the student have any the following: (Please circle Yes or No)
Diabetes: Yes No Asthma: Yes No Seizures: Yes No Heart Problems: Yes No
Insulin: Yes No Epi-Kit: Yes No Inhalers: Yes No Neb Machine: Yes No
(Note: If the student ever needs an Inhaler, Neb Machine, Epi-Kit or Glucose Monitoring kit, it MUST be brought on this trip)
Parent/Guardian Name: _____
Home #: (____) _____ Work #: _____ Cell #: _____
Parent/Guardian Name: _____
Home #: (____) _____ Work #: _____ Cell #: _____
Other Emergency Contact Name: _____ Phone: (____) _____
Health Insurance: _____ Policy Number: _____
Doctor's Name: _____ Doctor's Phone: (____) _____

My Child _____ has my permission to attend the River Oaks Community Church Youth Leadership Retreat to Gatlinburg, TN from January 19-21, 2019. I hereby release River Oaks Community Church from all liability should any injury occur on this trip. **Sign:** _____

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

I also give my permission for the Adult Chaperones to use their judgement should my child need urgent medical care. I expect the Adult Chaperones to attempt to contact me before my child 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 my child's medical treatment should the need arise. I understand that I am ultimately responsible for all medical expenses incurred. **Sign:** _____

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. **Sign:** _____

I also give my permission for pictures/video to be taken of my child on this trip and to be used on church publication sites like FaceBook, Instagram, Twitter, riveroakschurch.org, etc. **Sign:** _____

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

Parent/Guardian Signature for above: _____ **Date:** _____

*****Important note: Please staple a photocopy of the front and back of Insurance card to this form*****

For office use only – Reviewed by: _____