

# Confirmation Retreat

October 13-15, 2017

The annual confirmation retreat is here again! Last year's retreat was a special time for the students in attendance and the leaders. We're looking forward to another great retreat. We will be once again staying at Camp Victory in Zumbro Falls. Please review the drop off and pick up times and packing list. If you have any questions or concerns, please contact Stephanie Becken.

**All registration forms need to be turned in on or before October 8<sup>th</sup>.**

## Friday, October 13

\*\*Please have your student eat dinner before loading on the bus. We will **NOT** be having dinner at Camp Victory.\*\*

5:00 load the busses

5:15 departure

\*\*Please make being on time a priority.\*\*

## Sunday, October 15

We anticipate arriving back in Hastings between 1:00 - 1:30. Please plan on picking up your student.

***\*Should be about 1 tote worth of items + sleeping bag\****

Clothes for 2 days (*consider the weather*)      Outdoor Clothing (*coat, hat, gloves*)  
Bible   Sleeping bag & Pillow   Shoes for hiking   Prescriptions w/instructions   snacks  
Toiletries & showering supplies (*washcloth, towel, soap, brush, toothbrush, etc*)

**Do Not Bring \*See behavior covenant for more directions\***

Weapons

Energy Drinks

Fireworks

Cell phones can be brought, but reception is very poor. Students will also be asked to keep electronic use to a minimum. Other groups will also be staying at Camp Victory, and so we can take no responsibility in the case of theft or damage. The camp's number is 507-843-2329

Stephanie Becken's phone number is 701-690-2297—she will check for messages when she has service.



Confirmation Retreat 2017

Parental consent form and indemnity agreement

Participant Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Date of Trip: October 13-15, 2017

Destination: Camp Victory, Zumbro Falls, Minnesota

Individuals in Charge: Stephanie Becken, Pastor Geier, & Confirmation Leaders

Mode of Transportation: Northfield Bus Company

I, \_\_\_\_\_<sup>Parent Name</sup>, grant permission for \_\_\_\_\_<sup>Child's name</sup> to participate in the above named activities and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Philip's Lutheran Church from any claims or lawsuits brought against St. Philip's by myself, my child or others that arises out of any behaviors by my child at the event/activity described above.

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact \_\_\_\_\_

\_\_\_\_\_

\*Flip to 2<sup>nd</sup> side\*

**Additional Medical Information:**

Medications my child is taking presently and will be bringing on the trip (Please include directions with the actual medications)

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Allergies (food and other) -----

Other Concerns (special needs, ADD, etc)

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**Over the Counter**

A first aid kit including some over the counter treatments will be made available as needed. Please note anything your student should NOT have. (Examples of what we'll bring—Ibuprophen, Benadryl, Aloe, Cough Drops, Pepto, Tums, burn cream, hydrocortisone cream, bandages, ice packs, feminine hygiene items)

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As Parent or Guardian, I agree to all of the above stated considerations and conditions

----- Date -----

**Insurance Information:**

Please attach or have Stephanie make a copy of the student's insurance card. This is much more efficient than having to use numbers.

**Photo Release:**

I authorize that my son/daughter may have his/her picture taken at ministry events for potential use in promotional material. I understand these photos may be put on the internet or appear in printed materials. Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## Behavior Covent

Please read with your student and discuss what each point means and how it might apply to the retreat. Parent and student need to sign and return this form as well as the other information. As we are representing our families, church family of St. Philip's, and the greater church family, please keep in mind actions and words matter.

- \*I will respect the property/facilities, and the personal property of others.
- \*I will not bring or use drugs, alcohol, knives, fireworks, squirt guns, or any other objects deemed dangerous by the hosts or leaders.
- \*I will respect the rights of others and will not harm or abuse them verbally or physically. My body and rights are important—if something happens I am not comfortable with, I will immediately let the leaders know.
- \*I will always respect and follow the instructions of the leaders. If further explanation is needed, I will respectfully ask and do my best to follow through all requests.
- \*I will clean up after myself and leave my space cleaner than I found it.
- \*I will use technology in a safe and respectful manner (cell phones are welcome on the trip, but not to be used in worship and discussion settings. Also, the exchange of numbers and information will be limited for safety reasons).
- \*I will stay with our group and keep open communication with the leaders.
- \*I will try new things, participate with a willing heart, and do my best to show the joy God has brought into my life through service and care for others.
- \*I will use appropriate, encouraging language.
- \*I will respect the sleeping accommodations and keep any physical displays of affection appropriate for a group setting.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



**CAMP VICTORY  
CHALLENGE COURSE WAIVER & RELEASE**

The undersigned acknowledge(s) that during the activity he/she has requested to participate in, that certain risks and dangers may occur. These include, but are not limited to the hazards of depending on other people and being at various heights (ground to 40') and the forces of nature. The undersigned further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage and / or injury not excluding fatality due to accidents which may occur, including accidents resulting from this challenge course experience or other type of outdoor activities.

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this activity. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in this activity.** I also state that I am not under, and will not be under the influence of any chemical substance including alcohol. I fully understand that my physical activity involves risk of injury. I also understand that my participation in this Challenge Course is entirely VOLUNTARY. I enter into this activity and take full responsibility for my decision to participate or not to participate and agree to follow all safety instructions.

The undersigned releases, indemnifies and saves harmless Camp Victory Ministries and its agents or employees from all suits, actions or claims of any character, type or description brought or made for or on account of any injuries or damages received or sustained by any person or persons or property, arising out of or participating in the Challenge Course (ropes course) activity. **If the undersigned is a minor, the parent or guardian of such minor hereby joins in this agreement of indemnification.**

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NAME OF PARTICIPANT (PLEASE PRINT) DATE

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SIGNATURE OF PARTICIPANT (IF 18 YEARS OR OLDER) DATE

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SIGNATURE OF PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18) DATE