



February 4, 2018

Dear Parents:

On behalf of the GraceYouth and The Exchange teams, I am excited to invite your sons and daughters to join us at the **TRANSFORM RETREAT ON FRIDAY, MARCH 2 THROUGH SUNDAY, MARCH 4**. Your students will enjoy their time away at the beautiful Camp Mission Meadows, located on the shore of Chautauqua Lake, equipped with heated bunk houses, an indoor guarded swimming facility, a full-sized gym, rock climbing walls, outdoor street hockey rink, and much more!

This year our retreat will be based off Acts 1:8, where Jesus not only tells us we will receive power from the Holy Spirit, but that we will also play a role in transforming the circles of influence around us: friends, school, city, and world. In a world of followers, this retreat is going to challenge GraceYouth students to be leaders – ripple makers that leave a positive influence on the world around them. They'll be inspired by the GraceYouth leadership team and hear peer stories as well!

The cost for the entire weekend (lodging, meals, materials, swimming) is \$70.00. Special bonus - for families with more than one student, your first student is \$70.00 and siblings are \$35.00! **A 50% deposit is due by Sunday, February 18th, with the remaining funds due at the retreat.**

Important Times:

- Parent/Carpool Drop Off at Mission Meadows: Friday, 7:30 PM
5201 East Lake Road, Dewittville, New York 14728
- Students will be shuttled to all Grace Church locations on Sunday morning to attend services.
Service times will vary based on location.

Please note, retreats are the perfect environment for students who have yet to get connected. An important list of things to pack is located on the back of this letter!

Thank you for partnering with us by plugging your students into these faith conversations. I believe they are foundational moments in your teen's spiritual development. We appreciate you and look forward to spending this time with your son or daughter.

In Partnership,

Kristin Hesch
GraceYouth Central Lead

Jeff & Tracy Hokanson
GraceYouth McKean Site Leads

Jim & Lisa Hughes
GraceYouth Harborcreek Site Leads

Mike & Nikki Drayer
GraceYouth Girard Site Leads

RETREAT PACKING LIST

- Your signed forms and any remaining payment
- Bedding for twin bed OR a sleeping bag
- Pillow
- Towels for showers
- Sneakers for gym
- Snow clothes/boots
- Swimsuit (Be mindful of modesty, please!)
- Swimming Towel/Flip Flops
- Comfy clothes (A few different outfits)
- All the smelly stuff (Deodorant/Shampoo/Conditioner/Soap)
- Toothbrush/toothpaste
- Bible/Notebook/Pen
- Clothes to sleep in
- Under clothes – you can never have too many socks
- Medicines (Let Kristin know)
- Flashlight
- Glasses/contacts/solution
- Hairbrush
- \$5.00 for unlimited use of the rock wall.

**Don't bring anything that is valuable!!
If it gets lost or broken, that will stink.**

GraceYouth Activities Consent Form

Name of Student: _____

Birth Date: _____

Name of Parent(s) or Guardian(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Other Person and/or Number to Call in Emergency:

Medical Information

Medication or Food Allergies? List if any:

May be given as necessary:

Aspirin Yes _____ No _____

Tylenol Yes _____ No _____

Ibuprofen Yes _____ No _____

Any Specific Activities:

Encouraged:

Discouraged:

Consent and Certification

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all the scheduled student activities of Grace Church, and any other supervised activities customarily associated with its student group, including student rallies and overnight or weekend student trips. Further, I certify that my student is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the student leader in writing.

NOTE TO PARENT: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my student is injured or becomes ill. I authorize one or more of the following persons to make emergency medical care decisions on behalf of my student, if required by law or a health care provider: _____, _____, or _____.

(Note to Parent: you may add or delete a name as desired.) I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, and hospital care.

I understand that Grace Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the GraceYouth Central Lead in writing of any health changes that would restrict my student’s participation in any normal student activities. I also understand that the GraceYouth Central Lead and designated adult chaperones reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

Signature of Parent or Guardian

Date

Student Pledge

I hereby pledge to uphold all policies of Grace Church and respect my leaders and environment. During all student activities and all student trips, I pledge to follow all instructions of the student leaders and the adult chaperones, including safety instructions.

Signature of Student

Date

Participant Agreement - Signature Required

Name: _____ **Camp/Retreat/Event attending:** **GRACEYOUTH RETREAT 2018**

I acknowledge that participation in the event described above (the "Event"), may involve risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

With regard to events organized for minors, I also understand that the event described above will include participation by adults in children's activities which also carries the potential for injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the Event, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Event.

The Participant understands that specific activities included in the Event may include, but are not limited to, water activities, slip and slide, rock climbing, winter activities such as snow tubing, skating, broomball & hockey, and large group games such as dodgeball.

The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Event or during transportation to and from the Event, as well as for any medical treatment rendered to the Participant that is authorized by Camp Mission Meadows or its agents, employees, volunteers, or any other representatives.

Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Camp Mission Meadows or its agents, employees, volunteers, or any other representatives for any injury arising directly or indirectly out of the described Event or transportation to and from the Event, whether such injury arises out of the negligence of Camp Mission Meadows, the Participant, or otherwise.

The Participant (or parent/legal guardian) gives consent to Camp Mission Meadows to photograph and record images and sound prints to be used in promotional materials.

The Participant (or parent/legal guardian) agrees to comply with camp rules and procedures and understands that failure to comply may result in the Participant being dismissed from the Activity without refund and agrees that transportation from the Event will be the responsibility of the Participant (or parent/legal guardian).

Signature of Participant: _____ **Date:** _____

Participant 2 (if applicable): _____ **Date:** _____

Participant 3 (if applicable): _____ **Date** _____

Signature of Parent/Guardian: _____ **Date** _____

Name (printed) _____ **E-mail** _____

Address _____ **City, ST, ZIP** _____

Phone numbers in case of emergency (if you will not be remaining on-site):

Name & Relationship _____ **Phone #** _____