NEXUS Summer Retreat 2021 6.25-6.28



Purpose:

To fellowship, grow in our faith, build community, and have fun!

DESCRIPTION OF TRIP

Small Group Sessions
Worship
Games, Beach time & time at Pier Park

Cost \$75
Includes: Lodging, 8 meals, transportation, t-shirt
Extra Money for 2 fast food meals, on the way & back, and restaurant meal

DEADLINE

Money Due Sunday June 6th: Make checks payable to church with student's name on it

RETREAT GUIDELINES

- 1. Embody the fruit of the Spirit in all interactions.
- 2. Respect and show gratitude to our adults and student leaders.
- 3. Clean up after yourself throw away your own trash and put things back nicer than when you found them.
- 4. No males in female rooms or females in male rooms.
- 5. Respect the feelings and property of others.
- 6. Respect the retreat center and facilities. Our goal is to leave the camp in a better condition than when we arrived.
- 7. Put your phones, iPods, and other electronics away during group and worship time.
- 8. Have a little fun participation in all planned activities is required.
- 9. No public displays of affection except hugging when appropriate. Girls are pink; boys are blue – no purple! Our focus is on God this weekend.
- 10. During break time, remain inside the boundaries of the camp, and always travel in groups of at least three. You must let an adult know when you leave the building.

RETREAT SCHEDULE

FRIDAY, 6.25.2021 8:00am-8:30am: Arrive at Restore 8:30-9:00am: Pack Vans & Review Rules 9:00am:Leave Restore 11:30am: Stop for lunch- Andalusia 12:30pm: back on road 2:00pm: Arrive at Laguna Beach Retreat Center- Check In 2:30-4:00: Room assignments, unpack 4:00pm-5:30pm: Free Time/Settle in 5:30pm/6:00pm: Dinner 7:00pm: Group Lesson (ice breaker, Intro to anchored) 8:00pm-9:00pm: Free Time 9:00pm-10:00pm: Get ready for bed 10:30pm: Lights Out

SATURDAY, 6.26.2021 8:00am: Everyone Rise & Shine 9:00am: Breakfast 10:00am: small group 11:00am: group discussion 12:00pm: Lunch 1:30pm: Free time 5:30pm: Dinner at cottage 6:30pm: Beach campfire lesson 7:30pm: Small group discussion 8:00pm: Campfire & S'mores 9:30pm: Back to room 10:00pm-11:00pm: Get ready for bed 11:15pm: Lights out SUNDAY, 6.27.2021 8:00am: Everyone Rise & Shine 9:00am: Breakfast 10:00am: Lesson 11:00am: Small group 12:00pm: Lunch 1:00pm: Head out to Pier Park and Rosemary Beach 6:00pm: Dinner (Restaurant) 7:30pm: Head back to retreat center 8:00pm-9:45pm: Cleanup/pack/get ready for bed 10:00pm: Lights out Monday, 6.28.2021

7:00am: Everyone Rise & Shine 8:00am: Breakfast 8:30am: Clean up 9:00am: Load vans & Vehicles 10:00am: Leave Retreat Center 12:30pm: Lunch in Andalusia 4:00 pm: Arrive at Restore

What to Bring

*The facility does not provide sheets/pillows/blankets for sleeping. We will have some available but please make every effort to send these with your student.

<u>Basics</u>

- Full size Sheets (Full is best if you have those)
- Pillow for sleeping
- Pillow case if wanted
- Blanket for sleeping
- Toiletries
 - Soap
 - □ Shampoo/Conditioner
 - toothpaste
 - \Box toothbrush
 - deodorant

□ At least 2 Towels & wash clothes for bathing

- Clothing for hot/humid weather for 3 nights & 3 days
- Recommended: Extra clothing as we won't be washing any
- Tennis Shoes
- Money for 2 fast food lunches on the way down and back(\$20 should be plenty)
- □ Money for dinner out- (\$25-\$30 should be sufficient)
- Money for any souvenirs/activities they may want to do or purchase at Pier Park and Rosemary Beach (candy store only here) on our outing day.
- \square Recommended: Snacks for ride down and back & drink with top that can close

For Beach

- **SUNSCREEN**
- Water bottle
- Bathing suit
 - Ladies, no bikinis/thongs. 2 pieces are fine but midriff needs to be covered.
 - Gentleman: Swim trunks- no bikini bottoms/speedos
- Beach Towel
- Flip flops/Sandals
- May want:
 - 🔲 Hats
 - sunglasses
 - Coverups
 - any fun beach items your student enjoys

The NEXUS Youth Ministries

Event Medication Form Permission to Administer Medications

First U.M.C. of Alabaster, AL

| Student / Staff Name: | | |
|--|--|--|
| Allergies: | | |
| Event Name/Location: | | |
| Emergency Phone: | | |
| The Medical Representative of The NEXUS Youth A prescription medication from students and staff w times throughout the course of the event. | Ministry will monitor all medicati /hen deemed necessary; and w | ons and collect any prescription and non- rill administer medication at appropriate |
| Release/Waiver: | | |
| I/We, the parent/guardian, do hereby release an stated event to collect and administer prescriptio of the above stated event. I/We also give permis medications (as marked) as needed during this e | on and non-prescription medico ssion for attending Medical Rep | tion to my self/child throughout the period |
| Tylenol Benadryl | _ Antibiotic Ointment | Ibuprofen |
| Benadryl Cream Sudafed | Robitussin | Dramamine |
| Hydrocortisone Cream | (Other) | (Other) |
| Please list here all medice (If not currently takin | ations the particip | |
| Name & Strength of Medication | Dosage: | Times to be taken: |
| | | |
| | | |
| | | |
| | | |
| Student / Staff Signature: | | Date: |
| Parent / Guardian Signature: | | Date: |

Medical Release & Permission Form

Effective dates: Unit notice of guardian that conditions have changed.

| Name: | FIRST | M | IDDLE | Arrient de la company | Age | Birthday |
|---------------------------|-------|-------------------------------|--------|-----------------------|-------|----------|
| Year in school | _ 0 | Male 🛛 | Female | Email — | | |
| Address | | Ci | ty | | State | Zip |
| Phone | | | | Pager / cell | | |
| Medical insurance company | | | | | | |
| Mother's name | | - Margin Marcol Toward Street | | _Phone: Hon | ne | Work |
| Father's name | | | | _Phone: Hon | ne | Work |
| Emergency contact | | | | _Phone: Hon | ne | Work |
| Physician | | | | Office phone | | |
| Dentist | | | | | | |

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a-

good swimmer
fair swimmer
non-swimmer

2. Does your child have allergies to-

□ pollens □ medications □ food □ insect bites

- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma
 epilepsy / seizure disorder
 frequently upset stomach
 physical handicap
- 4. Date of last tetanus shot:
- 5. Does your child wear Gasses Contact lenses
- 6. Please list and explain any major illnesses the child experienced during the last year: Additional comments:

Should this child's activities be restricted for any reason? Please explain:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No personal audio or video equipment (ipods, gaming systems, etc) (Each event will have its own requirement).
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Cell phones <u>may</u> be held by The Nexus staff/councilors. Students <u>will</u> be allowed to phone home <u>at least</u> once each day of overnight events at time specified by the event coordinator.

Students who fail to comply with these expectations may be sent home at their parents' expense.

Medical Release & Permission Form

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

| Student signature: | Date: |
|--------------------|-------|
|--------------------|-------|

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, miniature golf, hayrides, rafting, theme and water parks. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

(Student's name)_____has my permission to attend all youth activities sponsored by First United Methodist Church of Alabaster (hereinafter the "Church") from January 2021 to December 2021.

This consent form gives permission to seek whatever <u>medical attention</u> is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. This consent means you understand our <u>conduct expectations</u>, have reviewed them with your child and understand the parent is responsible for any costs associated with misbehavior.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/ We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, event sites and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member due to misconduct

| Parent/guardian signature | Date |
|---|--|
| *Do not sign until in front of Notary Public | |
| State of Alabama | |
| County of | |
| Before me | (name of notary) on this day personally appeared |
| (person | signing) known to me (or through description of identity card or |
| other document) to be the person whose nam | e is subscribed to the foregoing instrument and acknowledged to me |
| that he executed the same for the purposes an | nd consideration therein expressed. |
| | |

Given under my hand and seal of office this _____ day of _____ (year).

Notary Public's Signature

MEDIA RELEASE

I/We hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tape of the Student names above by the church. I/We also grant to the church the right to edit, use, and reuse said products for non-profit purposes including in print, on the internet, and all other forms of media. I also hereby release First United Methodist Church and its agents, employees and volunteers from all claims, demands, and liabilities whatsoever in connection with the above.

| Parent/guardian signature | Date |
|---------------------------|------|
|---------------------------|------|