



Winter Youth Retreat 2024

Welcome Letter

Dear Parents & Students,

We are very excited about our Winter Youth Retreat 2024. We have planned what we think will be a weekend where you will not only grow spiritually, through Bible Studies and Devotions, but also grow in Christian friendships, through the fun and challenging activities we have planned.

Address for the camp: Camp Icaghowan
899 115th Street
Amery, WI 55014

Emergency calls: Pastor (651-470-3028)
 Shelly (651-239-5252)

We will meet at the church at 5:30p to begin our weekend. Please have all of your forms and fees completed and paid before this time! Be sure to eat supper before you arrive and please be on time.

Pick up on Sunday at the Church at 1p (please do not be late).

To make the weekend meaningful and fun for everyone we have included a **YOUTH COVENANT** that both parent and student will need to read through, agree with, and sign.

NO ONE will be allowed to participate at the Winter Youth Retreat, or be driven in a vehicle without a **SIGNED YOUTH COVENANT** and **MEDICAL RELEASE FORM**.

There is also a list of WHAT TO BRING and WHAT NOT TO BRING with you on this weekend.

PLEASE RETURN THESE FORMS BY SUNDAY JANUARY 21TH, 2024.

If your youth participant is sick please do not send them to the Winter Youth Retreat.

If you have any questions please do not hesitate to call Shelly (651-239-5252) or Pastor (651-470-3028) we will be happy to assist you.

Yours in Christ,
Pastor Bertram
Shelly Carlson

Winter Youth Retreat Schedule (Tentative)

Friday, January 26

5:30 PM Meet at Lord of the Lakes Church Parking Lot (Eat supper at home)
6:00 Leave Lord of the Lakes Church Parking Lot
7:00 Arrive & Check In
7:30 Intro/CommunityBuilding/Devotion #1
10:00 Bon Fire
11:30 Return to rooms
Midnight Lights Out

Saturday, January 27

7:30 AM Rise & Shine
8:00 Breakfast
9:00 Devotion # 2/Service Work
12:00 Lunch
12:45 PM Outdoor Activity
2:15 Devotion #3
3:15 Outdoor Activity
5:00 Dinner Time
6:00 Worship Planning
7:00 Outdoor Activity
9:30 Movie
11:30 Return To Rooms
Midnight Lights Out

Sunday, January 28

8:00 AM Rise & Shine
9:00 Worship/Devotion #4
10:00 Brunch1
10:30 Outdoor Activity
11:30 Pack for home
12:00 Leave
1:00 Arrive at Lord of the Lakes Parking Lot

PARENTS: Please be in the parking lot and waiting for our return so that you can pick up your child promptly

Schedule is tentative and may change. Outdoor Activities may include: Snow Tubing, Broomball, and Outdoor Games. We will all do the same activity together and try to mix things up as much as possible according what is available.

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What to Bring... What not to bring...

WHAT TO BRING

Winter clothing!!!

Boots, snow pants, mittens, gloves, hats, etc. Bring extra in case you get wet!

We will be outside playing most of the time! No Excuses for being cold!!!

Bible

Sleeping bag or sheets & blankets

Pillow

Towel

Toiletries (deodorant)

Indoor/Outdoor work clothes

A Great Attitude

Extra clothing (Remember we could get wet from playing outside.)

Extra winter clothing Especially Gloves/Mittens

WHAT NOT TO BRING

Food/Drinks All Food, Snacks and Beverages will be provided by the camp.

A bad attitude

2024 Winter Youth Retreat

Lord of the Lakes Youth Covenant

Respect for one another should be a goal for all that sign this covenant.

I commit myself to make every effort to accept all who are a part of this group as a child of God. I will show love and concern for them as a brother and sister in Christ. In order to do this, I will:

- be courteous to all members of the group
- be willing to share with the group
- be willing to carry my share of the responsibility
- be respectful of all people I encounter at the WYR
- be respectful of all property

At the Winter Youth Retreat:

- I will participate in all scheduled activities of the group.
- I will participate in the whole weekend.

I will affirm (support, encourage & respect) my Adult Group Leader and all leaders by my cooperation, openness and honesty in their relationship with me.

I would ask my leader and all leaders to affirm (support, encourage & respect) me by their love, concern, openness and honesty in their relationship with me.

I agree to accept the following behavioral guidelines:

- I agree to conduct myself as a Christian.
- Any differences or disagreements that may arise will be dealt with in the most loving and Christian way.
- To be in my room or bed at the appointed time each night and to have lights out. It is important that I use this time for sleep.
- I agree not to use Drugs, Alcohol, or Tobacco Products.
- Members of the opposite sex shall not occupy one another's room.

I understand the violations of the guidelines regarding, drugs alcohol, tobacco products, sex and extreme behavioral problems may be grounds for immediate dismissal from my the WYR. I also understand that should this step become necessary, my parents or I, will be responsible for any costs that may arise because of this.

I agree that this covenant shall serve as my promise to the other members of the group of my commitment to abide by the standards in this covenant. I further understand that any and all violations should not and will not be taken lightly. While this covenant is in effect, all members are responsible for honoring and upholding it. We are also responsible for reminding one another of its importance.

After a careful reading of this covenant and in the interest of the total group, I voluntarily agree to the terms of this covenant by affixing my signature.

Date: _____ WYR Participant's Signature: _____

After reading and as legal guardian for the above name, I affix my signature to verify my acceptance and support of the conditions of this covenant.

Date: _____ Signature of Parent: _____

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INSURANCE INFORMATION AND MEDICAL CONSENT RELEASE FORM

Must be completed by all participants.

Must be signed by parent or guardian of participants under 21.

PARTICIPANT NAME: (Last) _____ (First) _____

BIRTH DATE: ____ / ____ / ____ MALE: ____ FEMALE: ____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____

CUSTODIAL PARENT/GUARDIAN: _____

HOME PHONE: () _____ CELL PHONE: () _____

HOME ADDRESS (IF DIFFERENT) _____

SECOND PARENT OR EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____

HOME PHONE: () _____ CELL PHONE: () _____

HEALTH PLAN CARRIER: _____

NAME OF INSURED: _____

RELATIONSHIP TO PARTICIPANT: _____

POLICY HOLDER OR INSURANCE ID NUMBER: _____

FAMILY DOCTOR: _____ OFFICE PHONE: () _____

FAMILY DENTIST: _____ OFFICE PHONE: () _____

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

I, the parent and/or legal guardian of _____
(Social Security #: _____), a minor, do hereby authorize Rev. Craig Bertram or Shelly Carlson (and/or any other adult appointed or designated) to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

Parent/Legal Guardian

Date

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EMERGENCY MEDICAL INFORMATION FORM

Please complete so that health providers can be aware of your personal health needs.
Must be completed by all participants.

Name of Participant: _____

Does participant have: (if "yes" explain)

Yes No ALLERGIES?
 Yes No HEART CONDITION?
 Yes No OTHER?

Is participant subject to: (If "yes" explain)

Yes No HEADACHES?
 Yes No SEIZURES?
 Yes No MOTION SICKNESS?
 Yes No FAINTING?
 Yes No SLEEP WALKING?
 Yes No UPSET STOMACH?
 Yes No OTHER?

Does participant have reaction to: (If "yes" explain)

Yes No BEE STING?
 Yes No PENICILLIN?
 Yes No OTHER DRUGS?
 Yes No POISON IVY, OAK, SUMAC?
 Yes No OTHER?
 Yes No Has the participant had any serious illness or surgery within the past ten years?
Please list:
 Yes No Does the participant have any condition that would prevent him/her from participating in any
Retreat activities?
Please list:
 Yes No Does the participant take any prescription medication?
Please list:
 Yes No Are any drugs ineffective in treatment?
 Yes No Is the participant diabetic? Medication?
 Yes No Does the participant have any sight or hearing impairment?
 Yes No Does the participant wear contact lenses?
 Yes No Does the participant wear hearing aids?

Please indicate ANYTHING else that leaders should know to help avoid or deal with any medical situation that might arise:

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EMERGENCY MEDICAL INFORMATION FORM

I understand that the Winter Youth Retreat for which this Medical Consent and Liability and Activity Release Form is being given is described as follows: A Church Youth Retreat held on JANUARY 26-28, 2024 involving indoor and outdoor recreational activities.

I hereby consent to participation of myself (or of my child) in the above-described Retreat. I have read the informational materials regarding the planned activities. I am aware that in addition to activities such as Bible study, worship, and meal functions, the participant also may be asked to participate in various servant activities that may involve additional risks, such as winter recreational outdoor activities. I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I release and forever discharge, Rev. Craig Bertram, Shelly Carlson, the Department of Youth Ministry, the Lutheran Church--Missouri Synod, and Lord of the Lakes Lutheran Church, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my [or my child's] participation in, attendance at, and travel to and from the Winter Youth Retreat. furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the DYM, Synod, and Lord of the Lakes Lutheran Church, its agents and servants, successors and assigns, directors trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience or loss sustained by me or my child during the winter youth retreat or travel to and from the same.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

FOR ALL PARTICIPANTS:

Youth Participant Signature

Date

Parent/Guardian Signature

Date