



Epworth SWAT Ministries

SWAT SENIOR HIGH SKI RETREAT 2012

Friday February 17 thru Monday February 20, 2012

1. **Departure** from Epworth UMC at 4:00 pm Friday, February 17th. We will be traveling to Harbor Springs via 15 passenger vans. We will return at 8:00 pm on Monday evening February 20. **Parents** --- please be prompt at the church in picking up your youth on Monday evening. Emergency phone #'s and phone tree list will be given to parents at our departure. If **weather creates a delay** on our return -- the Phone Tree will be used.
2. We will be **staying** at Petoskey UMC – sleeping on the floor. Friends and non-Epworth members are more than welcome to come along with you and us on this ski trip – but we all play by the same rules and everyone participates in the end-of day devotions.
3. **Cost** is \$285 per person. This includes transportation to and from Boyne Highlands Michigan, sleeping on the floor at the church, 3 meals on Saturday and Sunday, breakfast & lunch on Monday and lift tickets for day and night skiing on Saturday & Sunday and four hours on Monday. Equipment rentals are extra if you don't have your own - \$75 for skis or boards. **You need to contact Bob Knowles by no later than Monday Feb. 13** by email (BKnowles@epworth.com) if you are renting skis or boards, he must have your height, weight, shoe size and ski or boarding level. We recommend & request all rentals being at the ski mountain versus renting in Toledo – because equipment malfunctions can be resolved quickly at the ski rentals in Boyne and we are helpless with rented equipment from Toledo. Bring extra dollars for Friday and Monday dinner @ fast food while in route to or from Boyne. DQ stop??? Bring snacks to share!
4. All **meals** will be in the day lodge at the mountain. Adults alternate being at the Epworth food & game table in the day lodge. This eliminates the need for anyone to spend the high cost of the lodge food since no one will go away hungry from our on-going food table.
5. Youth should always be **in groups of 3 or more** - always with a friend during travel, skiing, etc.
6. **Items to bring** -- ski apparel, good ski gloves, neck gator, long underwear, several changes of clothes, goggles, sunglasses, and ice skates if you might want to ice skate. Be layered in your dress for skiing – you can always unzip jackets if you happen to get too warm! Michigan can be below zero temps! Sleeping bags & pillows along with bath towel and toiletries.
7. **No one should possess or use** drugs, tobacco products or beer/liquor anytime during this trip. Parents won't want to drive to Boyne to pick you up – and your ride home with Mom and Dad will be VERRRYYY long! Need we say more?? Anyone who is on a **prescription or other medications** -- such information & 'drug fact sheet' must be given to Bob or Chuck prior to departure. If any “relationships” are active among participants – those relationships are “on hold” during the Ski Retreat!
8. **No phones calls** are to be made from cell or pay phones or from the church. If anyone needs to make a phone call -- please contact Bob or other adult counselor and they will let you use their cell phone. If a parent needs to contact their child about a family emergency etc., they will have adult cell phone numbers on the Emergency Phone Listing. Please – emergencies only! Cd players, Ipods, MP3's, portable radios or tv's, electronic games or gadgets or cell phones are not allowed on this trip! The trip is for fun and fellowship and to break legs, arms and other body parts together – so **leave your electronic stuff at home! Confiscated cells and electronics will be kept for three weeks after our return! Parents - please keep their cells phones at home.**
9. At all times, **behavior should reflect** our representation of **Epworth UMC and Christ**. There should be no bad language or disrespect of one another. If you did not bring it, it is not yours and you shouldn't touch it or borrow it without advance permission of the owner.
10. The **decisions of the adults are final**. Full respect will be given to the adult counselors at all times -- no exceptions at anytime.

**EMERGENCY MEDICAL AUTHORIZATION
AND
GENERAL LIABILITY RELEASE**

MINOR

EPWORTH UNITED METHODIST CHURCH
3077 Valleyview Drive
Toledo Ohio 43615
419.531.4236

Purpose: To enable parents and guardians to authorize the emergency treatment of minors (children and youth under age 18) who become ill or injured while participating in a church-sponsored activity, when they cannot be reached. This form also serves as a consent form releasing Epworth United Methodist Church and its employees and volunteers from any legal or financial liability in the event this participant is injured.

Name of Participant _____ Participant's Email Address _____@_____

Name of Activity **SWAT Senior High Ski Retreat 2012**

Site of Activity **Toledo to / from Boyne Highlands Michigan**

Dates **From Friday, February 17, 2012 Thru Monday, February 20, 2012**

Home Address _____
City State Zip

Name of Parents: _____

Parents' Phone Home ____ - ____ - ____ Office ____ - ____ - ____

Father Cell ____ - ____ - ____ Mother Cell ____ - ____ - ____

Child's Age _____ Grade _____ M F Birth date _____

Date of Tetanus Shot (update if needed) _____

Medications _____

Allergies _____

Other special medical information _____

Family Physician _____ Phone (____) _____

Family Dentist _____ Phone (____) _____

Parent's Employer _____

Health Insurance Carrier _____ Policy # _____

Insurance Address _____
City State Zip

Insurance Phone (____) _____

PARENTS OR GUARDIANS SHOULD CONTACT THEIR OWN INSURANCE CARRIER TO OBTAIN ADDITIONAL INSURANCE FOR THE CHILD IF NECESSARY.

Please See other side for SIGNATURES AND NOTARIZATION

MINOR

REQUIREMENT OF VEHICULAR SEATBELT USAGE

State Law requires the use of seatbelts in vehicles. I understand and agree that as a participant and/or a parent/legal guardian for a participant in this activity, it is my/our responsibility to keep the vehicular seatbelt properly fastened at all times while the vehicle is moving. Furthermore, I/We assume all responsibility and liability for any and all injuries caused by the failure to keep the vehicular seatbelt fastened at all times while the vehicle is moving.

MEDICAL AUTHORIZATION

In the event of an emergency and after reasonable attempts to contact me have been unsuccessful, I hereby give my consent for an adult leader to sign for Emergency Care for my child as deemed necessary by a licensed physician. I also authorize the transfer of my child to any hospital that is reasonably accessible. This authorization does not cover surgery unless deemed necessary by two physicians or dentists prior to the performance of such surgery.

DISCLAIMER OF LIABILITY

I understand that there are inherent dangers and risks associated with my child's participation in this activity, in using the facilities and in traveling to and from the activity. My child and I assume those risks and take full responsibility for any injuries or damages which may be incurred by my child during the activity, in using the facility and in traveling to and from the activity. I give permission for my child to ride in a private vehicle or leased van driven by an adult. I accordingly hereby fully and forever exonerate and discharge the Epworth United Methodist Church, its staff, employees, volunteers and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my child's participation in this activity, using the facilities and traveling to and from the activity. This release binds the undersigned and his or her spouse, heirs, representatives and assigns.

Signature of Youth Participant

Signature of Parent or Guardian

Signed by Youth Participant

Signed for self and in behalf of the child

Date _____, 2012

Date _____, 2012

**NOTARIZATION OF SEATBELT USAGE REQUIREMENT **
MEDICAL AUTHORIZATION AND LIABILITY RELEASE FORM

State of _____ County of _____

On this _____ day of _____, 2012, before me personally appeared

_____ to me known to be the same person(s) described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public, _____ County State of _____

My Commission Expires _____