

# Rocky Mountain Conference, UCC



## High School Spring Retreat

March 23-25

*Hold the Date*

Due to the Denver area snowstorm the Planning Team was unable to meet at that time and iron out the details of the upcoming Spring Retreat. Please check back at the ROMoCo web site ([www.rmccucc.org](http://www.rmccucc.org)) for updated information as it becomes available.

The Planning Team looks forward to a great Spring Retreat and invites one and all high school age youth to come and enjoy!

### Chart a course for La Foret!

Who: Youth High School, Grades 9-12

When: Friday, March 23 - Sunday, March 25

\***Check-In will begin** at 7p.m.

\***Retreat ends** at 10:00 a.m.

\*Please note that there is no dinner served on Friday night.

Where: La Foret Conference and Retreat Center  
6145 Shoup Road in Black Forest, CO  
(near Colorado Springs)

Cost: \$150/ Youth

\$105 / Adult Chaperone

Early bird registration deadline: March 12  
(Fees increase \$20 March 13)

#### **What to Bring:**

- Warm, layered clothing
- Close-toed shoes/socks
- Sleeping bag and/or Bed linens
- Pillow
- Bible
- Notebook/pen
- Flashlight
- Towel
- Toothbrush & toiletries

#### **Do NOT Bring:**

- Cell phones
- Illegal drugs
- Alcohol
- Tobacco
- Weapons (including pocket knives)

**\*Do not bring anything you cannot afford to lose at camp.**

**\*Any needed medications MUST be brought in their original containers. (this includes over-the-counter). Medications will be collected at check-in and will be administered by the camp nurse.**

## Retreat Registration and Health Form

Please fill out and return this form even if you did attend a summer camp or retreat experience.

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Parent's E-mail address \_\_\_\_\_

**Medications participant must take** (attach separate sheet if needed to list all medications – include over-the-counter medications (OTC), herbals, vitamins, inhalers, and medications to be used as needed. **All medications must be in their original containers and must be turned in to the medical supervisor during check in. Exceptions - rescue inhalers and Epi-pens..**

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Name of medication	dosage	frequency	Prescribing Physician
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Name of medication	dosage	frequency	Prescribing Physician
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Name of medication	dosage	frequency	Prescribing Physician
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*Your pharmacist will make a labeled bottle for you to bring medications to camp. It is recommended that you send only enough does plus 2 extra does with your camper.*

Permission for medical professional to administer OTC medications to my camper as needed: \_\_\_\_\_  
signature or parent/guardian

Past history of serious lacerations, injuries, illness or surgeries or any unusual conditions important for the medical professional to know: \_\_\_\_\_

Any special diet instructions: \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Vegetarian? \_\_\_\_\_ (if so, remember ask for your meal at the serving window)

Allergic reactions to medications:                      drug                                      allergic reaction

\_\_\_\_\_  
\_\_\_\_\_

## Authorization for Emergency Medical Care

I/we hereby give my/our permission to camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my/our child \_\_\_\_\_ should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contact provided before any action is taken. If it is not possible to locate emergency contact listed, I/we will accept the expense of emergency medical or surgical treatment. I/we also give permission for the dispensing of listed medications to my campers as instructed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Medical Insurance Company \_\_\_\_\_

Policy/Group # \_\_\_\_\_ Full name of the policy holder \_\_\_\_\_

Policy holder's date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency phone contacts: (Please print)

**Parent's/guardian's name** \_\_\_\_\_

**Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_ **Other #** \_\_\_\_\_

**Neighbor/friend name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Neighbor/friend address** \_\_\_\_\_

What other information do event leaders need to enhance the care of your youth? (Any special needs or restrictions?)

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## **Photograph Reproduction Consent**

- I do give my consent
- I do not give my consent

for photographs to be taken of \_\_\_\_\_ during Rocky Mountain Conference UCC events to be reproduced and/or used in promotional materials for the Rocky Mountain Conference and the La Foret Conference and Retreat Center. I am aware that these photos will not be sold or used for profit other than for their presence in promotional materials, and I am aware that I will receive no compensation for the use of these photos.

\_\_\_\_\_  
Signature (parent or guardian if camper is under 18 years.)

\_\_\_\_\_  
Date

## Acknowledgment and Assumption of Risks and Waiver of Claims for Minors and Adults

*Please read carefully before signing. This document includes a release of liability and waiver of certain legal rights.*

In consideration of my own or my child's participation in camping activities sponsored by the Rocky Mountain Conference, UCC and held at the La Foret Conference and Retreat Center, or at another agreed to location:

### Acknowledgment of Risks

I understand that there are numerous risks associated with participation in any camping activities, including such things as hiking, swimming, backpacking, out-camping, ropes courses, field games, crafts and transportation to and from camp activities, and that many, but not all, of these risks are inherent in these and other activities. These risks, which contribute to the unique character and desirability of the activities involved, may pose the possibility of severe injury, illness or death. I further understand that most of the activities involved in the camping experience at La Foret will take place in an outdoor environment, and that the Rocky Mountain Conference and La Foret staff have taken all reasonable measures to insure the safety and well being of all participants, including, but not limited to:

during that any instructors for activities given at La Foret meet all the requirements (Local, State or Federal) for that position

- all volunteers at La Foret have been recommended by and approved by their local church
- all obvious and known hazards have been removed from the actual camping areas
- all persons driving participants to and from activities have a valid driver's license.

I also understand that many of the risks inherent in the camping experience cannot be eliminated, altered or controlled. Some, but not all, of the specific risks include:

Weather conditions may change rapidly and unpredictably and may directly cause injury, i.e. severe rainstorms, hail storms, sunburn, lightning strikes, cold temperatures, or by acting on other factors, i.e. performance of equipment may be impaired by weather conditions.

Equipment used in activities may break, fail, or malfunction, despite reasonable maintenance and use, and may inflict injuries, even when used as intended. Persons using equipment may lose control of such equipment and cause injury to themselves and/or others.

Most activities take place in a natural environment, where unexpected, unseen, and unknown/unmarked objects and conditions create risk of injury, i.e. falling, tripping, slipping, insect or animal contact, unstable surface conditions, falling rocks and objects, potentially harmful vegetation.

Counselors and guides use their best judgment in determining camper's ability to participate in camp activities. However, campers may have unknown conditions which would limit their participation in certain activities or increase camper's risks of injury. **It is imperative that parents notify the event staff, in writing, of any known limitations.**

Motor vehicle accidents, not the direct fault of La Foret directors and counselors may occur in the course of transporting participants to and from other activities.

Some camping activities may have inherent risks, due to the nature of the camping experience, and there may be other risks which cannot be anticipated.

Acknowledging the above risks and other potential risks, I give permission for my child to participate in: **PLEASE MARK A BOX**

all camp activities, including those described above

all camp activities except the following: \_\_\_\_\_

I acknowledge and assume the risks involved in any of these activities and for any damage, illness, injury or death resulting from such risks, for myself and my child, with the exception of any unapproved activities described above. There are no physical, emotional, or mental problems or limitations associated with my child's participation in camp activities, except as disclosed by me/us in writing to the Rocky Mountain Conference of the United Church of Christ and to the La Foret Conference and Retreat Center.

### Release, Waiver of Liability, and Indemnification

I, on behalf of myself and/or my child, hereby release and waive any claim of liability against the Rocky Mountain Conference of the United Church of Christ and the La Foret Conference and Retreat Center and its employees and agents with respect to any accidental and unforeseeable injury, illness, damage or death, occurring to me or my child while he/she participates in any and all camp programs and activities.

I hereby agree to indemnify and hold harmless the Rocky Mountain Conference UCC and the La Foret Conference and Retreat Center and its employees and agents with respect to any claim asserted by or on behalf of my child as a result of accidental and unforeseeable injury, illness, damage or death.

### Governing Law

I agree that this document, and all other aspects of my relationship and my child's relationship with the Rocky Mountain Conference UCC and its agents and employees, shall be governed by the laws of the State of Colorado. Further, I agree that any legal proceedings concerning such relationship shall be filed exclusively in the State of Colorado.

**I have read and understand the above and agree to be bound by the terms of this document.**

\_\_\_\_\_  
Parent's/Guardian's signatures (if participant is under 18 years old)

\_\_\_\_\_  
Date

## FROM THE CAMP NURSE

- For the purpose of retreats “medications” include prescription meds, over the counter meds, herbal and nutrient supplements, allergy meds, and everyday items as Tylenol, etc.
- **Do not bring medications in a unit dose box or planner, plastic bag or unmarked container,** State regulations prohibit us from accepting medicines which are in unmarked containers.
- Campers are not to have any medications in their cabins except as noted on the health form.
- Any camper requiring an Epi-Pen or inhaler must know how to use it and must carry it with them at all times, as there are situations (such as a hike) when the nurse may not be readily available.
- Please be aware the pharmacies will make up a bottle of medication with enough dosages plus one for the weekend. This alleviates the high cost of replacing medications should they be left at La Foret.

