

The Bottom Line

Lakewood YOUTH Council Retreat

Theme:

FRONT/LINE

1 Thessalonians 2:8

**February 3-5 @ Mount
Eagle Retreat Cen-**

Cost: \$40 by Jan. 8; \$50 by Jan. 15; \$60 BY JAN 25

NON-REFUNDABLE Registration Fee;

FINAL DUE DATE is Jan. 25

What to bring: Bible, notebook, pen/pencil, Fri dinner money, warm casual clothes including comfortable shoes (hiking optional), personal hygiene items, warm bedding, towel/wash cloth, flashlight, camera, good attitude and a desire to get away to be with God. You can bring snacks to leave in the kitchens, not in rooms.

Be at Lakewood UMC Friday, Feb. 3 @ 4:30pm to load and leave.

Mount Eagle phone: 501.723.4580; Andrew's cell phone: is 501.747.9173

Extra Registration/Permission Forms and "The Bottom Line" Quick Reference Guides can be found at Lakewood UMC or at www.expandingthelight.com/youth

Lakewood YOUth Council Retreat

Feb 3-5 @ Mt. Eagle Retreat Center

Cost: \$40 by Jan. 1; \$50 by Jan. 15; \$60 BY JAN 25

NON-REFUNDABLE Registration Fee; FINAL DUE DATE is Jan. 25

Complete and submit req. form and check payable to Lakewood UMC to register

What to bring: Bible, notebook, pen/pencil, Fri dinner money, warm casual clothes, comfortable shoes (hiking optional), personal hygiene items, warm bedding, towel/wash cloth, flashlight, camera. Leave snacks in kitchen.

What NOT to bring: electronic devices* (cell phones, music players, video games, etc.), water balloons, skateboards, roller skates, rollerblades, etc. No tobacco, drugs, alcohol, weapons, fireworks, etc.

*(permitted at appropriate times but not at expense of connecting with the whole group; okay until they become a problem).

Be at Lakewood UMC Friday, Feb. 3 @ 4:30pm to load and leave.

Emergency Contact Information

Mount Eagle Retreat Center
935 Beal Road
Clinton AR 72031

Lakewood United Methodist Church
1922 Topf Road
North Little Rock AR 72116

Church phone: 501.753.6186
Mount Eagle phone: 501.723.4580
Andrew' cell phone: 501.747.9173

General Information:

Theme: FRONTLINE

What if the YOUth Council was the Frontline of Lakewood's YOUth Ministry? What if it was the driving force behind making Jesus famous in this generation and creating a world-changing movement for Him? It starts in our own backyards, schools, and neighborhoods when we create an environment—a friendship epidemic—where bridges are built between hearts so Jesus can cross over!

Dates: Fri-Sun, Feb 3-5

Departure: 4:30pm Friday

Arrival back: 12pm Sunday

Location: Mount Eagle Retreat Center

Event cost: final due date-\$60; t-shirts \$10

Covenant of Conduct

As a representative of Jesus Christ, Lakewood UMC, and a participant in this event, I take seriously my responsibility to care for everyone. This covenant affirms my concern for the well being of the total community. I covenant with other YOUth and adults to insure the safety of all, to make our time together meaningful, and to care for the facilities we share.

1. Participants agree to abide by Arkansas civil and criminal law: no drug/alcohol possession/use; no possession of firearms, weapons, fireworks, etc. Tobacco use is also forbidden.
2. Participants agree to dress appropriately/ modestly.
3. Participants agree to be on time, in designated places at all times, participate in all event experiences, and respectfully obey adult leaders.
4. Participants agree to focus on the entire group: avoid practical jokes, put-downs, and public displays of affection; visit with the opposite sex in designated areas only.
5. Participants agree to respect the person, equipment, and property of others as well as public and private properties (living areas, meeting rooms, etc) in use during the event.
6. Participants agree to pay for any accidental damage; intentional damage will be subject to additional penalties.
7. Participants agree to "unplug" for the event—avoid calling/texting on cell phones and use personal radios, MP3/CD players, etc. with headphones only during quiet (bed/nap) times only.

I understand that violations of this covenant and/or other inappropriate behavior will be dealt with on a case-by-case basis. The Director of YOUth Ministry, Adult Role Models, and Staff are empowered to send anyone home at anytime at youth/parent expense.

T-shirts available for \$10 each

Lakewood YOUth Council Retreat

Feb 3-5 @ Mt. Eagle Retreat Center

LAKWOOD UNITED METHODIST CHURCH
Permission, Medical Release/Hold Harmless, Registration Form

____ Youth Member ____ Friend of YOUth Member Friend's name: _____
Youth Name: _____ Date of Birth: _____ Age: _____
Address: _____ City/State/Zip: _____
School: _____ Grade: _____ Home Phone: _____
Youth Lives with: ____ Mother ____ Father ____ Both Cell Phone: _____

We the undersigned parents/guardians, do hereby authorize permission for the youth named above to attend this event sponsored by Lakewood UMC. **Event(s): YOUTH COUNCIL RETREAT**

We do hereby knowingly release, absolve, indemnify, and hold harmless Lakewood UMC, it Members, Trustees, Committees, and Staff, as well as the organizers, sponsors, workers, and all others acting on behalf of Lakewood UMC or its programs and activities, from all claims that might result from any accident, personal injury, illness, or death arises from the sole an/or contributory negligence of any person or entity released herein.

We do hereby authorize Lakewood UMC staff or authorized leaders to obtain emergency medical treatment in case of illness or injury to the youth named above including, but not limited to, any x-ray, medical, surgical or dental treatment and hospital care deemed necessary.

We do hereby give our permission for our youth to be photographed. Photos may be used at church's discretion.

We do hereby acknowledge that should it be necessary for our youth to return home due to medical reasons, disciplinary action or otherwise, and we hereby assume all costs involved. This is a binding covenant and agreement.

Parent's Names: _____
Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____
Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____
Additional Adult Contact: _____ Phone Number(s): _____
Youth e-mail: _____ Parent e-mail(s): _____
Medical Insurance: Yes or No Insurance Co: _____ Policy #: _____
Insurance Address: _____ Phone #: _____
Youth SS #: _____ Policy Holder SS #: _____
Family Physician: _____ Phone #: _____ Date of Last Tetanus: _____
Please bring the following to the attention of DYM and Adult Role Models. ARM initials: _____
Allergies: _____ Medications: _____
Special Medical Needs/Limitations by Doctor: _____

Parent/Guardian Signature

Date

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Youth Signature: _____ Parent Signature: _____ Date: _____