



2019 CONFIRMATION RETREAT

Sponsored by Illinois South Conference
of the United Church of Christ

INFORMATION PACKET

The Illinois South Conference Confirmation Retreat

is a tool for enhancing youth ministry in local congregations and a time for personal spiritual renewal. It is designed as a supplement to the confirmation program of local churches and offers a unique

opportunity for confirmation classes from across the Conference to bond within and between their groups. Music, worship, theme presentations, play times, discussion groups, and “hang time” are all part of the retreat. Registration will be limited to 100 confirmands and chaperones. You won’t want to miss this chance to take your next step of faith!

PARTICIPANTS:

- **Youth:** Bring your confirmation students to DuBois Center on October 11-12 where we will discuss Confirmation in fun and interactive ways through the study of scripture, during games, small group times, and fellowship. This retreat is open to all Confirmands in the 2019-2020 classes. You won’t want to miss this chance to take your next step of faith!
- **Chaperones:** Adults, age 21 and older. A minimum of 1 adult chaperone is required for each 7 or fewer youth participants. Churches are required to provide male and female chaperones in proportion to the male/female break-down of their group (e.g., 2 male and 6 female youth = one male and one female chaperone). This requirement is related to supervision in sleeping areas. Churches are encouraged to team up with other churches in their area to make this work. **If you are having a problem with this, please contact Julie Riechmann at 618-357-1809 or jriechmann@iscucc.org.**

DATE & LOCATION

Friday, October 11 through Saturday, October 12, 2019
DuBois Center, 2651 Quarry Road, DuBois, Illinois 62831

ARRIVAL & DEPARTURE

- The retreat begins with check-in at 6:30 pm on Friday evening. The program will begin promptly at 7:00 pm, so plan to arrive in time to get settled. **Participants should have dinner BEFORE arriving at DuBois Center.**
- Breakfast, lunch, and dinner will be provided on Saturday. The retreat will conclude on Saturday immediately following closing worship, with departure around 8:00 pm.

CONTACTS & IMPORTANT PHONE NUMBERS

BEFORE the Event

- ◇ **Program:** Rev. John Holst at pastor@zucc.org or (618) 997-5190
- ◇ **Registrar:** Julie Riechmann at jriechmann@iscucc.org or (618) 357-1809

DURING the Event

- ◇ **Leadership:** Rev. John Holst (618) 579-4924
- ◇ **DuBois Center:** On-Call Pager at (618) 791-6545

- **NOTE:** Please use these "during the event" numbers only in case of an emergency. Participants and leaders will be out and about, involved in the program during most of the day and evening.

\$ EVENT FEE \$

\$65 - if full payment and all paperwork is POSTMARKED by September 24, 2019

\$70 - after this date

The event for each youth and adult participant includes one night's lodging, breakfast, lunch, and dinner on Saturday, and program materials and activities.

PAPERWORK

You may be wondering, why there is so much paperwork for such a short event. Safety! We do our best to make this a safe event, but accidents & mishaps happen. So, we need to know that you understand there are inherent risks to camping, you will do your best to make this a safe event, and we will have the necessary information (health info & emergency contact numbers) in case it's needed. We also need to ensure that our chaperones are prepared and qualified for this responsibility. Please complete ALL THE FORMS in the packet or online!

ONLINE REGISTRATION

This year we are offering the ability for youth and chaperones to register on CampWise, our online camp registration system. If your church chooses to utilize this registration system, we will provide them with a Group Hold ID that will allow you to register.

REFUNDS

Refunds for registration fees are refundable ONLY if cancellation is received by September 24, 2019. There will be a \$10 administrative fee.

COVENANTS

Once you arrive at DuBois, each participant will be asked to sign a covenant. We will take a few moments to review these covenant. All attendees, youth and adults, will be expected to abide by these. These covenants are to ensure the well-being of all participants and to emphasize our responsibilities toward one another.

HOUSING

Housing will be assigned according to gender (males together, females together). Local church groups will be assigned together for overnight lodging when possible. Smaller groups may be combined within cottages. **Chaperones should work in advance with neighboring churches to ensure adequate supervision in male and female sleeping areas. If you are having problems with this coverage, check with Julie Riechmann as soon as possible at 618-357-1809 or register@duboiscenter.org.** Notes regarding arrangements for male-female sleeping area coverage should be sent with the Group Reservation Form so housing can be correctly assigned.

ADULT LEADERSHIP – SAFE CHURCH/CONDUCT VERIFICATION

The Illinois South Conference and many of our churches have adopted "Safe Conduct" policies as tools to help us provide the safest environment possible for those we serve. Implementation of these policies is on-going. We have instituted procedures for adult chaperones and other adult leaders involved in Conference-sponsored youth programs with an overnight component. Even though youth attend these events with chaperones from their own churches, they interact with adults from other churches in small group settings and, sometimes, in the sleeping areas.

HEALTH CONCERNS - VERY IMPORTANT!!

Local church chaperones are responsible for first aid and health issues for their participants. Chaperones should carry emergency contact for each participant and come prepared with basic first aid supplies. In an emergency, the event coordinator will provide back-up supplies and

support. We recommend that medications be kept by the church chaperones. It is the responsibility of the family and/or each local church to provide health and accident coverage for their participants.

In addition to the Registration & Health Information form, adult attendees need to submit the following:

1. Illinois South Conference Adult Chaperone Disclosure Form dated within the past 12 months.
2. State of Illinois, Department of Children and Family Services AUTHORIZATION FOR BACKGROUND CHECK or a completed background check that has been returned from the State, dated within the past 12 months. If your church already utilizes the DCFS system, a copy of a current report signed by the pastor, dated within the past 12 months, may be submitted, and an AUTHORIZATION FOR BACKGROUND CHECK WILL NOT BE NEEDED.

Start NOW to ensure that you have the report in hand by the September 24, 2019 deadline for forms. If you have questions about this procedure, contact Julie Riechmann, 618-357-1809 or register@duboiscenter.org.

POLICY ON TOBACCO PRODUCTS

The possession and/or use of tobacco products is not allowed by persons under the age of 18 and/or **ANY YOUTH PARTICIPANTS**, even those who are 18 years of age or older, at any ISC-sponsored youth event. The use of tobacco products by adult chaperones is allowed only at designated times and in designated places. Smoking is prohibited in all DuBois Center buildings, within 15 feet of any building, or in the woods.

DRUG AND ALCOHOL USE

The possession and/or use of alcohol and/or illegal drugs or controlled substances will not be allowed at any Conference-sponsored youth event or retreat. The one exception might be the provision of wine as an option during communion. This includes every participant and leader, youth and adult. Such activity is destructive to the spirit of Christian community we hope to build at all our youth events. The possession and/or use of alcohol and/or illegal drugs or controlled substances will result in the offending parties being sent home **AT THEIR OWN EXPENSE**.

CONFIRMATION RETREAT 2019

THINGS NOT TO BRING

Please **DO NOT** bring expensive or valuable items or lots of money or any of the items listed below:

Illegal drugs or controlled substances • alcohol or tobacco products • skate boards • fireworks • weapons (including knives & hand guns) • food for the bunk room (Bugs love it!) • clothing that promotes sex, violence, alcohol, drugs, etc. (e.g., NO Co-ed Naked, Budweiser, etc.) • inappropriate clothing – too tight, too short, too revealing • items that will detract from the event

Illinois South Conference and DuBois Center and their staff/representatives are not responsible for the loss, damage or theft of personal property.

CLOTHING AND EQUIPMENT LIST (Do Bring)

- _____ Pre-packaged Snacks to SHARE with entire group in Oak Lodge (***Youth group leaders, consider bringing a reasonable amount of snacks to share from your group rather than each youth bringing snacks--so we do not have an overabundance of calorie/sugar-laden food.***)
- _____ Comfortable clothes for two days
- _____ Two or three pairs of shoes and lots of dry socks
- _____ PJ's
- _____ Reusable water bottle
- _____ Rain gear, sweaters, gloves and a jacket
- _____ Sleeping bag with twin, fitted sheet (or sheets & blankets) and pillow
- _____ Wash Kit (soap, shampoo, deodorant, toothbrush, toothpaste, etc.)
- _____ Towel and wash cloth
- _____ Bible
- _____ Paper & pens or pencils
- _____ Any extra \$\$ needed for the trip to and from the event
- _____ Any necessary medication (***Please be sure that the home church chaperone is aware of any medications to be taken and any special medical considerations.***)
- _____ Positive attitude :)



CONFIRMATION RETREAT 2019 Church/Town_____

Youth & Adult Registration–Health Information

(Please Print or Type in Ink)

Attendee (First)_____ (Last)_____

Attendee Phone #1 **Circle:** Day / Evening / Cell Attendee Phone #2 **Circle:** Day / Evening / Cell

Date of Birth_____ Age as of Oct 2019_____ Grade_____

Year of HS Graduation_____ Gender_____

Mailing Address_____

City_____ State _____ Zip Code _____

E-mail_____

Custodial Parent/Guardian (if youth)_____

Parent Phone-**Circle One:** Day / Evening / Cell Parent Phone-**Circle One:** Day / Evening / Cell

Food Allergies / Special Dietary Needs (please be specific)_____

Limitations or Restrictions on Activities_____

Current Medical Conditions, including Allergies (Describe any medical conditions that might be affected by strenuous or general event activities, for example – any muscle or skeletal issues, allergies to animals, etc.).

Date of last Tetanus Shot (year)_____ Approximate Weight (for medication administration)_____

Prescription / Over-the-Counter Medications to be taken during event (list times and dosages)_____

Any additional health information church chaperones/event leaders should be aware of (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, recent traumas, life changes etc.).

INSURANCE INFORMATION: Name of Insurance Company _____

Insurance ID# _____ Insurance Phone # _____

ADDITIONAL EMERGENCY CONTACTS (if parent/guardian listed above CANNOT be reached):

NAME_____ Phone #1 (_____)_____

Relationship_____ Phone #2 (_____)_____

NAME_____ Phone #1 (_____)_____

Relationship_____ Phone #2 (_____)_____

Name of Physician_____ Phone (_____)_____

Illinois South Conference United Church of Christ
PERMISSION & AUTHORIZATIONS – *Signatures Required*

Name of Youth or
Adult Attendee

Age
(if under 21)

Last

First

MI

Event Name: *Confirmation Retreat 2019*

Event Dates: *October 11-12, 2019*

PERMISSION FOR PARTICIPATION IN EVENT & EVENT ACTIVITIES:

The individual named above has my permission to attend the event listed above.

The individual named above has my permission to participate in transportation to, from and during this event provided or arranged by the attendee's church, event coordinators or Illinois South Conference staff members.

I / We (attendee and parent – if attendee is a youth participant) understand and support policies prohibiting the use or possession of weapons, tobacco products (if youth participant), alcoholic beverages and illegal drugs or controlled substances. We recognize that all attendees must follow safety guidelines and refrain from harmful behavior. I/We understand that if an attendee is unable to live within these guidelines and those outlined in the Covenant, he/she may be sent home without a refund of the program fee.

There are challenges inherent with participation in any event activity, including but not limited to archery, boating, challenge course, games, hiking, horseback riding, swimming, wagon rides and work projects. I understand that these challenges, which contribute to the unique character and desirability of the activities, pose the possibility of severe injury, illness or death. I further understand that many event activities may take place in an outdoor environment. For this and other reasons, I understand the challenges often cannot be eliminated, altered, or controlled. I give permission for myself and/or my child to participate in all event activities, including but not limited to those described above. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury, or death resulting from such risks, for myself or my child. There are no physical, emotional or mental problems or limitations associated with my child's or my participation in event activities, except as disclosed by me in writing to the Illinois South Conference. I have read and understand the above, and agree to the terms of this waiver.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date

PERMISSION FOR FIRST AID, EMERGENCY TREATMENT AND TRANSPORTATION:

To the best of my knowledge, the health information on this form is correct and accurately reflects the current health status of the attendee named above. I hereby give permission to the chaperone from the attendee's church, event coordinators and Illinois South Conference staff members to provide, seek, and consent to first aid, routine health care, administration of prescribed medications, emergency treatment and transportation for me or my child, as may be deemed necessary. I also give permission to medical personnel, authorized by the chaperones from the attendee's church, event coordinators and Illinois South Conference staff members to order x-rays, routine tests and proper treatment related to the health of the attendee for both routine care and, in emergency situations, to hospitalize, order injections, anesthesia, or surgery for me or my child. I understand the information on this form will be shared on a "need to know" basis. I give permission to photocopy this form. It is my intention that the chaperone from the attendee's church be treated as acting *in loco parentis* if the person named herein is a minor. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date

PHOTO RELEASE:

The Illinois South Conference utilizes a variety of media, such as brochures, newsletters, media productions such as PowerPoint presentations, videos, Facebook, and our websites to interpret and promote our ministry and programs. Recognizing the value of these interpretive materials, I hereby grant the Illinois South Conference of the United Church of Christ, or their designated agents, permission to use images of myself or my child for interpretive or promotional efforts.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date

Illinois South Conference Adult Chaperone Disclosure Form

This form needs to be completed by all adult chaperones and volunteers attending Confirmation Retreat 2019.

Name: _____

Address: _____
 Street City State Zip

Phone: _____ E-Mail Address: _____

Church Name/Town: _____ Pastor's Name: _____

1. Have you ever been found guilty, or pled guilty or no contest to a criminal charge alleging actual or attempted sexual harassment, exploitation, misconduct, physical abuse, or child abuse?

Yes No If yes, give an explanation. _____

2. Has a formal complaint been made against you in a civil, ecclesiastical, educational or employment setting alleging actual or attempted sexual discrimination, harassment, exploitation, misconduct, physical abuse, or child abuse?

Yes No If yes, give an explanation. _____

3. Is there any fact or circumstance involving you or your background that would call into question your being entrusted with responsibilities in any children's program of the Illinois South Conference?

Yes No If yes, give an explanation. _____

Release and Authorization

I acknowledge that the information provided in this disclosure is true and complete. I authorize the Illinois South Conference and/or its agents to investigate all statements contained in it. I also authorize all persons and entities to respond to inquiries concerning me, to supply verification of the information provided in this application and to comment regarding my background and character. I hereby release all such individuals and entities from all liability and responsibility arising from their doing so. I waive any right that I may have to inspect records, references, or information collected or acquired in connection with this application.

Signature: _____ Date: _____

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: [] -- [] -- [] Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by mail OR fax OR email.
 Mail to: Department of Children and Family Services
 406 E. Monroe – Station # 30
 Springfield, IL 62701
 FAX to: 217-782-3991
 Scan/Email to: CFS689Background@illinois.gov

Signed Date

Please type, use bold letters or label:

618-654-4054 (Submitting Agency Fax Number)
 cpursell@iscucc.org (Submitting Email Address)
 Illinois South Conference, UCC (Agency Name)
 Christy Pursell (Contact Person)
 1312 Broadway (Address)
 Highland, IL 62249 (City/State/Zip)

Print Form