

ATTENTION YOUTH GROUP LEADERS

Get ready for Festival of Faith 2020!

Enclosed are all the materials needed for you to register your youth group.
So here's the process:

- **STEP 1:** Copy Materials for youth and parents and for potential chaperones. **START RECRUITING NOW!**
- **STEP 2:** Complete Space Request form and send it **postmarked by JANUARY 17, 2020, to Illinois South Conference. Can also be emailed to jriechmann@iscucc.org**
- **STEP 3:** Complete and compile remaining forms.
- **STEP 4:** When your Group Allocation/Registration form arrives, complete and mail it, along with a single check for all participants AND the entire group's registration forms, to the Illinois South Conference, **postmarked by FEBRUARY 4, 2020. Completed registration forms may also be scanned and emailed to jriechmann@iscucc.org**

Forms which need to be completed

The following forms must be sent into the ISC office with the Group Allocation/Registration form and final payment. Hold them and send them in a single mailing with the Group Allocation/Registration form. The form will make it easier for you to track what forms you've received and what's missing. Forms may also be scanned and emailed to jriechmann@iscucc.org

For Youth

- 1) Youth & Adult Registration—Health Information form.
- 2) Permission & Authorization form – signed by parent

For Adults

- 1) Youth & Adult Registration— Health Information form.
- 2) Permission & Authorization form – signed by adult attendee
- 3) State of Illinois, Department of Children and Family Services *Authorization for Background Check* form, with signature
- 4) Illinois South Conference Adult Volunteer Disclosure form, with signature

Make copies of all forms and provide a copy for chaperones to carry during travel and keep with them during the event—just in case of an emergency. Registration forms may also be scanned and emailed to jriechmann@iscucc.org

IMPORTANT: No individual registrations will be accepted. Every participant must be sponsored by a youth group.

PAYMENT: When you receive payments from your youth, please deposit them in your local church account and SEND A SINGLE CHECK TO COVER YOUR WHOLE GROUP.

Thanks for your help in making this an energy-
and faith-filled event!!



Festival of Faith 2020

February 15-16, 2020

Space Request & Deposit Form

Space is limited, and we want every church in the Conference to have an equal opportunity to be a part of this popular event. We know that youth ministry is at different developmental stages in different churches—some very organized, some just getting started. This “Space Request” system gives churches equal access and is helpful for planning purposes.

Church/City _____ Phone _____

Contact _____ Position _____

Day Phone _____ Evening Phone _____

E-Mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

We request _____ spaces for youth and chaperones for Fall Festival on February 15-16, 2020

Please give us your best guess for the number in each category below:

Youth Males _____ Youth Females _____ Adult Males _____ Adult Females _____

Also, please share dietary/medical of which you are aware so we can plan accordingly _____

THIS FORM MUST BE POSTMARKED BY FRIDAY, JANUARY 17, 2020

Your church is committing to the number of spaces indicated, unless you receive a reduced space allocation from the Registrar.

After the **Friday, January 17 deadline**, the number of spaces requested will be tallied. If there are more requests than spots available, we will fill these spots on a first-come, first-served basis. You will be notified the following week if we do not have space available for each of the churches as requested.

REMEMBER: If you find you need more spaces than originally requested, or you are a little late in getting organized, call the Youth Event Registrar after February 4, 2020 to see if space is still available at (618) 357-1809 or jriechmann@iscucc.org

Mail or email this form, to reach registrar **NO LATER THAN January 17, 2020**

Mail to: Illinois South Conference * 1312 Broadway * Highland, IL 62249

Email to: jriechmann@iscucc.org

**Illinois South Conference United Church of Christ
 Festival of Faith 2020
 February 15-16, 2020
 Registration Checklist**



DEADLINE – February 4, 2020

Church & City _____ Phone (____) _____
 Contact _____ Position _____
 Day Phone (____) _____ Evening Phone (____) _____
 E-Mail Address: _____

Please **PRINT** the information indicated for each person attending.
 List **YOUTH** Participants on the **FRONT** side and **ADULT** Chaperones on the **BACK** side.

Youth Participants

NAME	Fee Paid	Gender	Grade in School	Reg & Health	Permis. & Auth
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

TOTAL NUMBER OF YOUTH PARTICIPANTS _____
 CONTINUED ON BACK

Please **PRINT** the information indicated for each person attending.

List **YOUTH** Participants on the **FRONT** side and **ADULT** Chaperones on the **BACK** side.

Adult Chaperones	NAME	Fee Paid	Gender	Reg & Health	Perm & Auth	DCFS Bckgrnd Auth	Discl Stmnt	DCFS Report Rec'd
	1.							
2.								
3.								
4.								
5.								

Male – Female Chaperone (age 21+) Coverage:

If you do not have the appropriate chaperone coverage (1 male adult per 1-7 male youth, 1 female adult per 1-7 female youth), please explain coverage plans on separate sheet of paper.

TOTAL NUMBER of YOUTH & ADULTS:

Postmarked on or before February 4, 2020 _____ @ \$60 = _____

TOTAL NUMBER of YOUTH & ADULTS:

Postmarked after February 4, 2020 _____ @ \$65 = _____

FEE TOTAL DUE = _____

Make Check Payable to: Illinois South Conference

MAIL TOTAL DUE AND ALL REQUIRED FORMS TO:

Illinois South Conference • 1312 Broadway • Highland, IL 62249

Or Email forms to: jriechmann@iscucc.org



Festival of Faith 2020

February 15-16, 2020

INFORMATION PACKET

PARTICIPATION

Youth: Festival of Faith is for youth currently in grades 6-8 and their adult chaperones.

Chaperones: Adults, age 21 and older. A **minimum** of 1 adult chaperone is required for each 7 or fewer youth participants. Churches are also asked to provide male and female chaperones in proportion to the male/female break-down of their group (i.e. 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 jriechmanniscucc.org or 618-357-1809.

DATES & LOCATION

Saturday, February 15, 2020 through Sunday, February 16, 2020
DuBois Center • 2651 Quarry Road • DuBois, Illinois 62831

ARRIVAL & DEPARTURE

The event begins with check-in from 2:00 to 2:30 pm on Saturday afternoon. The program will begin promptly at 2:45 pm, so plan to arrive in time to get settled. Dinner will be provided on Saturday. Breakfast and lunch will be provided on Sunday, and the event will end at 2:00 pm.

CONTACTS & IMPORTANT PHONE NUMBERS

BEFORE the Event

Program: Craig Bielke at bielkecraig@gmail.com or (210) 383-0385
Registrar: Julie Riechmann at jriechmanniscucc.org or (618) 357-1809

DURING the Event

Leadership: Craig Bielke at (210) 383-0385
DuBois Center: On-Call Pager at (618) 791-6545

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 \$

\$60 per person, limited to first 80 youth and chaperones that have sent a space reservation form and postmarked by January 17, 2020, and have paid the balance and sent in the registration and required paperwork postmarked by February 4, 2020. After this date, the cost will be \$65 per registration.

The event fee for each youth and adult participant includes one night's lodging. Dinner will be provided on Saturday. Breakfast and lunch will be provided on Sunday.

REFUNDS

Payments for the balance of the event fees are refundable ONLY if cancellation is received by Monday, February 4, 2020.

EXPECTATIONS OF CHAPERONES AND YOUTH

Youth Participant Covenant and *Adult Participant Covenant*. These forms will be made available at the retreat and reviewed together and signed by the individual attending.

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 jriechmann@iscucc.org. Notes regarding arrangements for male-female sleeping area coverage should be sent with the Group Reservation Form, so housing can be correctly assigned.

HEALTH CONCERNS - VERY IMPORTANT!!

Local church chaperones are responsible for first aid & health issues for their participants. Chaperones should carry *Permission to Treat* authorizations for each adult and youth attendee and come prepared with basic first aid supplies. NOTE: The authorizations included on the "Permission and Authorization" form include this authorization. Be sure chaperones keep a copy for their use. 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.***

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 ongoing. 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 church, they are often involved with adults from other churches in small group settings and, sometimes, in the sleeping areas.

In addition to the *Registration & Health Information* form and *Permission and Authorization Form*, adult attendees need to submit the following:

1. Disclosure Statement 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 a report in hand by the February 4, 2020 deadline for forms. If you have questions about this procedure, contact the Festival of Faith Registrar.

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. There is no smoking in any building at DuBois Center, within 15 feet of any building, in the woods, or near flammable materials, such as dried leaves.

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**.

FESTIVAL OF FAITH 2020

February 15-16, 2020

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

The Illinois South Conference and DuBois Center and their staff/representatives are not responsible for the loss, damage or theft of 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.*)
- _____ Water bottle
- _____ Comfortable, warm clothes for two days
- _____ Two pairs of shoes and two pairs of dry socks
- _____ PJ's
- _____ Rain gear, Sweaters, Gloves and a Jacket (Weather permitting, some activities will be outside.)
- _____ Sleeping bag with twin fitted sheet or twin sheets, blanket, 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 advisor is aware of any medications to be taken and any special medical considerations.*)
- _____ Any Necessary Forms, if not already turned in
- _____ Camera (optional)
- _____ Positive attitude ☺

Youth & Adult Registration–Health Information

Festival of Faith 2020

February 15-16, 2020

Church/Town _____

Name of Attendee (First) _____ (Last) _____

Attendee Home Phone _____ Attendee Cell Phone _____

Date of Birth _____ Age as of Feb 2020 _____ Grade _____ Gender _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail of Attendee _____ Email of Parent _____

Parent's name _____ Parent's name _____

Phone # _____ Phone # _____

MEDICAL INFORMATION:

Food Allergies: No known food allergies Tree nuts Eggs Shell fish Peanuts
 Milk Fish Soy Other

Diet & Nutrition: Eats a regular diet Gluten-free diet Vegetarian Vegan Special food needs
(please describe) _____

Limitations or Restrictions on Activities: _____

Allergies: No known allergies Medicine (list) _____

Environmental (insect stings, animals, hay fever, etc.) Other _____

Current Medical Conditions: Describe any medical conditions that might be affected by strenuous or general event activities

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 advisors/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.) _____

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 (_____) _____

Insurance Information

Carrier _____ Group # _____

ID # _____ Primary Insured _____

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: Festival of Faith 2020

Event Date: February 15-16, 2020

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 *Youth Participant Covenant* or *Adult Participant 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 the Registration and Health Information form is correct and accurately reflects the current health status of the attendee named above. I hereby give permission to the advisor 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 advisor 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 advisor 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 Volunteer Disclosure Form

This form needs to be completed by all adult advisers and volunteers attending Festival of Faith 2020. Please return with Group Allocation/Registration form.

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 their 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