



2022
CONFIRMATION
RETREAT

Saturday, March 26 -
Sunday, March 27

*Even in our darkest moments,
there's light where you least expect it!*

Illinois South Conference
Confirmation Retreat
MARCH 26-27, 2022

ATTENTION PASTORS
AND CONFIRMATION LEADERS

Get ready for Confirmation Retreat 2022! Enclosed are all the materials needed for you to register your confirmation class. Space will be limited to the first 100 confirmands and chaperones that return their space requests.

Please follow the steps below for registration:

STEP 1: Email or call Julie Riechmann (jriechmann@iscucc.org 618-357-1809) with the space request for your group. Please provide the number in each group: adult male, adult female, youth male, youth female.

STEP 2: Copy enclosed materials for your youth, parents, and chaperones.

For Youth & Parents

- Confirmation Retreat Information Forms
- Registration/Health Information form
- Permission & Authorization form **with SIGNATURES**
- Confirmation Retreat Packing list

For Adults(Chaperones)

- Confirmation Retreat Information Forms
- Registration/Health Information form
- Permission & Authorization form **with SIGNATURES**
- State of Illinois, Department of Children and Family Services *Authorization for Background Check* form, **with signature**
- Illinois South Conference Adult Chaperone Disclosure form, **with signature**
- Confirmation Retreat Packing List

STEP 3: Continue gathering paperwork from youth and chaperones. The above forms, completed for each youth and adult chaperone, must accompany the Group Registration form, scan and email to jriechmann@iscucc.org or mail by **March 15, 2022**. Mail to DuBois Center, c/o St. Peter's UCC, PO Box 96, Okawville, IL 62271

In case of emergency, make sure to have emergency contact info with you for each of your participants: name of parent/emergency contact & cell phone number.

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** and send to the ISC Office – 1312 Broadway, Highland, IL 62249



2022 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.

PARTICIPANTS:

Youth: Confirmation students 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. 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

Saturday, March 26 through Sunday, March 27, 2022
DuBois Center, 2651 Quarry Road, DuBois, Illinois 62831

ARRIVAL & DEPARTURE

- The retreat begins with check-in at 12:00 pm (noon) on Saturday. The program will begin promptly at 1:00 pm, so plan to arrive in time to get settled. **Participants should have lunch BEFORE arriving at DuBois Center.**
- Dinner will be provided on Saturday, as well as breakfast and lunch on Sunday. The retreat will conclude on Sunday, with departure around 12:00 pm (noon).

Contacts & Important Phone Numbers

BEFORE THE EVENT

- **Program:** Craig Bielke at bielke.craig@gmail.com or Pastor Jenn Glover at pastorjenn@stjohnucc-collinsville.com
- **Registrar:** Julie Riechmann at jriechmann@iscucc.org or (618) 357 - 1809

DURING the Event

- **Leadership:** Craig Bielke at bielke.craig@gmail.com or Pastor Jenn Glover at pastorjenn@stjohnucc-collinsville.com
- **DuBois Center:** Office Phone Number (618) 787 - 2202

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 \$

\$65.00 per participant. The event for each youth and adult participant includes lodging and meals 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.

REFUNDS

Refunds for registration fees are refundable ONLY if cancellation is received by March 15, 2022.

COVENANTS

Once you arrive at DuBois, each participant will be asked to sign a covenant. We will take a few moments to review these covenants. 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 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 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.

Masks will be required by all participants (youth and chaperones) and must be worn at all times when we are indoors.

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 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.**

COVID-19 STATEMENT

In this uncertain time, making decisions about what will be safe/unsafe to do in the following months can be a daunting task. At DuBois Center, we want to take some of the anxiety and stress off of parents making these decisions. As such, the 2022 ISC Confirmation Retreat will be under the strict safety protocol recommendations of the Outdoor Ministry Association, the American Camping Association, the Center for Disease Control, and State of Illinois guidelines and restrictions. We will be closely following the guidelines and adjusting our procedures as new information becomes available.

Masks will be required by all participants (youth and chaperones) and must be worn at all times when we are indoors.

CONFIRMATION RETREAT 2022

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.*)
- _____ 2 sets of comfortable clothes (NOTE: Clothes could get dirt/paint on them)
- _____ Pair of tennis shoes and 3 pairs of dry socks
- _____ PJ's
- _____ Reusable water bottle
- _____ Drawstring Bag or Backpack
- _____ Face mask or covering to wear indoors
- _____ Rain gear, sweaters, gloves, hat and a coat
- _____ Sleeping bag or twin fitted sheet with a blanket
- _____ 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 :)

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.



CONFIRMATION RETREAT 2022

Registration/Health Information

(Please Print or Type)

Attendee Name (First) _____ (Last) _____

Attendee Phone #1 _____ Attendee Phone #2 _____

Date of Birth _____ Age _____ Grade _____ Gender _____

Address _____ City _____ State _____ Zip _____

E-mail _____

Custodial Parent /Guardian (if youth) _____

Parent Phone #1 _____ Parent Phone #2 _____

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.).

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 _____ Relation _____

Phone #1 _____ Phone #2 _____

Name _____ Relation _____

Phone #1 _____ 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 2022 Event Dates: March 26 & 27, 2022

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: _____



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RETREAT

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Sunday, March 27

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There's light where you least expect it!*

Illinois South Conference United Church of Christ Confirmation Retreat 2022 REGISTRATION FORM

Use this form to track your registrant's information. Scan and email or mail with all completed forms to jriechmann@iscucc.org or postmarked by March 15 to DuBois Center, c/o St. Peter's UCC, PO Box 96, Okawville, IL 62271

Church & City _____

Phone (____) _____

Contact Person _____ Position _____

Day Phone _____ Evening Phone _____

E-Mail Address: _____

Retreat Date: March 26-27, 2022

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

NAME

Youth Participants

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

TOTAL NUMBER OF YOUTH PARTICIPANTS _____

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

NAME

**Adult
Chaperones**

	Fee Paid	Gender	Reg & Health	Perm & Auth	DCFS	Disclosure Statement
1.						
2.						
3.						
4.						
5.						

TOTAL NUMBER OF ADULT PARTICIPANTS _____

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 a separate sheet of paper.

Cut here and return with payment

2022 Confirmation Retreat Payment

Church & City _____

TOTAL NUMBER of YOUTH & ADULTS: _____ **@ \$65=** _____

Make Check Payable to: Illinois South Conference

Mail total due to:

Illinois South Conference
 1312 Broadway
 Highland, IL 62249

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.

Signed Date

Please type, use bold letters or label:

Submit by email only.
Department of Children and Family Services
Scan/Email to:
DCFS.689Background@Illinois.gov

618-654-2125
cpursell@iscucc.org
Illinois South Conference UCC
Christy Pursell
1312 Broadway
Highland, IL 62249