

Dear Parents/Guardians and Youth,

This year's conference will again be held at the Ocean City Convention Center in Ocean City, Maryland during the weekend of Friday February 8th - Sunday, February 10th, 2019. Both Middle and High School youth will be attending the ROCK Conference put on by the Baltimore Washington Conference of the United Methodist Church.

We will leave Calvary's parking lot on Friday the 8th as close to 4:30 pm as possible. Please plan to have your youth at the church by 4:10 so that we can load luggage and go over any necessary information prior to leaving. Due to the distance we will be traveling, we ask that **EACH YOUTH PLEASE BRING A BAG DINNER!** By doing this we can still stop at the WaWa in Cambridge, MD to eat our bag dinner, use the restrooms, stretch a little and be able to avoid the "restaurant crowds" that will also be heading to the Convention Center. This will also enable us to arrive in Ocean City and be at the first session by 8:30 pm. The retreat ends at 12:00 noon on Sunday the 10th and we will grab a bite to eat on the way back. We will plan to return to the church by 5:00 pm, we will have youth contact parents once we cross over the Bay Bridge.

Fee Includes: Registration, Lodging Costs, & Most Meals (Breakfast & Dinner on Saturday and Breakfast and Lunch on Sunday):

Total Cost \$140

Please note that <u>the registration fees are nonrefundable</u>, so talk it over with your parents to make sure that the date is acceptable.

**Space is limited and will be done on a first come first served basis.

Payment must be submitted for the total cost (registration & lodging & most meals) and should be made payable to CALVARY. (Checks preferred)

**Parents, please be aware that scholarships are available to assist with the cost of this retreat. It's our desire to have any youth be able to attend without letting the cost of the weekend being a limiting factor. Please contact Jenn Shipley for info/questions.

Completed forms may be turned into the church office or to Jenn Shipley.

The rooms accommodate four (4) persons each with the potential for six (6) if needed. At this time we are planning to have 3 youth and at least 1 adult per room. Concerning food for the weekend, we will have a total of 1 meal (lunch on Saturday) that your youth will need additional money for as well as any souvenirs if they plan on buying them. The meals are typically along the lines of "fast food" or pizza for lunch/dinner. Breakfast consists of donuts/danishes and juice.

Please note that chaperones may be needed for this activity possible. **Chaperones will be filled by UMYF Leaders first, followed by parents who have not had the opportunity to go on a retreat, followed by those parents who have previously served as a chaperone.** If your child is planning to attend please be prepared to assist in this capacity! If you have any questions please call Jenn Shipley (301) 829-0358 or email at jenn@calvary-mtairy.org. Thank you in advance for your assistance and enthusiasm! We'll look forward to seeing your youth at the retreat!

Love & Peace, Jenn Shipley & The UMYF Leadership Team

Retreat Check list

- Bible
- Completed permission/health (must have in order to attend this activity...sorry no exceptions!)
- Payment
- Money for Saturday's lunch (fast food) & spending money for the Boardwalk on Saturday & the conference vendors)
- Proper clothing for weather (we will be outside some of the weekend)
- Bathing suit for the "Polar Bear Plunge" (if you are brave enough!!!)

UMYF Ocean City Retreat 2019



Youth Name:	Birth Date:
Address:	
Parent's Names:	
Home Phone:	Cell/Work Phone:
Emergency Contacts (ir	case parents cannot be reached)
	Phone:
	Phone:
Youth's Cell #:	
Insurance Information:	
Policy#	Insurance Co
Policyholder's Name:	
Health Information: Current Medications:	
If the youth will be taking	medication during the retreat, please list medication and when youth
needs to take it:	
Is the youth allergic to a	ny medication? Yes No (circle one)
	c medications the youth is allergic to:
Please list anything else	the youth is allergic to:

Please list any other medical concerns the youth has:

I give my permission for ________ to participate in the Calvary UMYF **Rock Retreat** in Ocean City, MD on February 8th – 10th, 2019. I also give the UMYF representatives and/or other parents involved with Calvary's UMYF, permission to transport and chaperone my youth on this event. I give permission for UMYF representatives and parents involved to administer over the counter medicines for minor aches and pains. In case of medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby authorize the adult staff to act on my behalf in obtaining the proper medical treatment for my child.

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

UMYF Handbook Acknowledgement

The UMYF Handbook can be found on Calvary's website, <u>http://www.calvary-mtairy.org/</u>. Please review it with your youth and sign this statement. We have reviewed the Calvary UMYF Handbook, including the Code of Conduct and the Discipline Pan together. I fully expect my youth to uphold these items while participating in this retreat.

Parent's Signature:_____ Date:_____

YOUTH COMMITMENT

I realize that I am an important part of the Calvary UMYF. When participating in all UMYF and church activities, I recognize the fact that my individual actions are not merely a reflection of myself, but also a reflection on the UMYF group and my church. Because of this, I strive to abide by the Calvary UMYF Handbook, the Code of Conduct, and the Discipline Plan.

I commit to these rules, not just from a sense of regulation, but from a sense of caring for others as was taught by the example of Christ's love for all people.

Youth Signature:	Date:
Youth's Name Printed:	Date:
Parent Signature:	Date: