



WOODLAWN STUDENT
MINISTRY

Winter Retreat Parent Packet

*A time for students to relax,
relate, and refocus with
others in Christ.*

JANUARY 7-9, 2022
FORT CASWELL RETREAT
CENTER,
OAK ISLAND, NC

In this Parent Packet you will be given as much information as possible, so please be sure to read everything carefully. If you still have questions after reading the entire packet, please contact our student minister Gabe Veazey @ (423) 227-8937.

What is Winter Retreat?

Winter Retreat is a time when students will get to leave the business of their lives for a weekend as the Spring Semester begins to get into full swing. Today students have more expectations of them than ever before, and with so many distractions in their lives (sports, clubs, extra curriculars, jobs, more homework than ever, etc.) our students need to have a time to **relax, relate, and refocus** with one another in Christ. With times to hangout and have fun, times to personally study Scripture, and times to worship together as a community this weekend will have everything that your student(s) need to be recharged for a great semester.

Where will students stay?

Students will be staying in the Paradise Cottage at Fort Caswell Christian Retreat Center. This cottage has a boarding area for girls separate from the boys. Fort Caswell Christian Retreat Center is an old Revolutionary/Civil War fort that the NCBC has transformed into a Retreat Center. The address is 100 Caswell Beach Rd. Oak Island, NC 28465.

Schedule

Friday, Jan. 7

- 4:30pm - Students show up to church to check-in/board bus
- 4:45pm - Bus leaves for Fort Caswell
 - *Orientation/Rules on the bus*
- 6:45pm - Stop at Chick-Fil-A in Laurinburg, NC
- 8:45pm - Show up to Fort Caswell
- 9:00pm - Get settled into rooms
- 9:15pm - Worship Session #1
- 10:30pm - Hangout/get ready for bed
- 12:30pm - Lights out

Saturday, Jan. 8

- 8:00am - Personal Devo #1
- 8:30am - Breakfast
- 9:30am - Worship Session #2
- 10:45am-12:00pm - Hangout
- 12:00pm - Lunch
- 12:45-6:00pm - Hangout
- 6:00pm - Dinner
- 7:00pm - Worship Session #3

9:00pm - Night Games
10:30pm - Hangout/Get ready for bed/pack
12:00am - Lights Out

Sunday, Jan. 9

5:30am - Wake up/get dressed
6:00am Board bus/leave for church
10:30am - Arrive at church
11:00am - Corporate worhsip
12:15pm - Parents pick up at church

Packing List

- Bible
- Notebook
- Pen/Pencil
- Highlighter
- Clothes for Saturday
 - Hoodie/jacket
 - Closed toe/closed heel shoes
- Church clothes for Sunday
- Sleep clothes
- Sleeping bag/sheets
- Pillow
- Towel
- Toiletries

Contact List

Gabe Veazey (Student Minister) - (423) 227-8937 gabe@woodlawnbaptist-lowell.com

Cost

There are early bird specials available for this retreat.

- Nov 1-Nov 25: \$50 Per Student
- Nov 26-Dec 22: \$75 Per Student
- Dec 23-Jan 7: \$100 Per Student

Full payment is due by Jan. 7 in order for your student to attend. If financial assistance is needed in paying for your student(s) please contact me @ (423) 227-8937 we want all students to be able to attend.

Payment Options

There are three payment options for GoLocal listed below.

1. Cash
 - a. You can pay the total cost in cash to Gabe Veazey. Please put cash in an envelope with "WSM Winter Retreat" and the name(s) of the student(s) you are paying for.
2. Check
 - a. You can pay the total cost in check. Please make the check out to Woodlawn Baptist Church and write WSM Winter Retreat in the memo line. Please put the check in an envelope with "WSM Winter Retreat" and the name(s) of the student(s) you are paying for.
3. Online Payment
 - a. You can pay online at wbclowell.com. The link can be found on the Student Ministry Page.

Medication

If your student(s) need to take medication while they are at Winter Retreat please put their medication in a ziplock bag, with the instructions for taking the medication written on a piece of paper inside the bag, and their name written on the bag and instructions. This will need to be turned in at check in so your student(s) leader can keep hold of it through the week so it is not lost. For safety reasons, students will not be allowed to keep their medications with them during Winter Retreat; This includes over-the-counter medications such as ibuprofen or Tylenol. If a student asks an adult for an over-the-counter medication that is not provided by a parent with instructions, an adult volunteer will text or call you for permission before giving any medications to the students.

2022 Medical Release/Permission Form

All students will need a completed 2022 Medical Release/Permission Form to attend this event.



MEDICAL RELEASE AND PERMISSION FORM

Effective Dates: January 1, 2022 to January 1, 2023

Please print in ink

Last Name: _____ First Name: _____ Middle Initial: _____

Age: _____ Birthday: ___/___/_____ Year in school: _____ Gender: M ___ F ___

Email: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Zip Code: _____

Medical Insurance Company: _____ Policy #: _____

Guardian #1: _____ Phone: _____ Email _____

Guardian #2: _____ Phone: _____ Email _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Physician : _____ Phone: _____

Dentist: _____ Phone: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. (When applicable, attach another page with details.)

1. Does your child have allergies to:
Pollens: ___ Medications: ___ Food: ___ Insect bites/stings: ___
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
Asthma: ___ Epilepsy/seizure disorder: ___ Heart Trouble: ___ Diabetes: ___
Frequently upset stomach: ___ Motion Sickness: ___ Physical Handicap: ___
3. Date of last tetanus shot: ___/___/_____
4. Does the student wear:
Glasses: ___ Contact Lenses: ___
5. Please list and explain any major illnesses the student experienced during the last year on a separate sheet of paper and staple it to this form.
6. Should the students activities be restricted for any major reason? If so, please explain on a separate sheet of paper and staple it to this form.



MEDICAL RELEASE AND PERMISSION FORM

For your information, we expect each student to conform to these rules of conduct.

No possession or use of alcohol, drugs, tobacco, or e-cigarettes

No fighting, weapons, fireworks, or explosives

No immodest or offensive clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Active participation with the group to the best of the students' capabilities

Respect of the property that the group is on
Respect of self, other students, adult leaders, and staff

Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ **Date:** ___/___/___

Activities may include but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, games in a park, soccer, skiing, snowboarding, volleyball, camping, biking, concerts, Bible studies, hayrides, etc. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Student Minister prior to that event.*

Name of Student: _____ has my permission to attend all student activities sponsored by Woodlawn Baptist Church (hereinafter the "Church") from January 1, 2022 to January 1, 2023

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against any personal losses of naed student. I/we the undersigned are the legal parents or guardians of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability from any injury, sickness, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate and up to date. I/we also agree to bring my/our student home at my/our expense should they become ill or if deemed necessary by the student minister.

Parent/Guardian Signature: _____ **Date:** ___/___/___