



a fun weekend away you won't want to miss

Friday, Feb 15 – Monday, Feb 18, 2019

Who: 6th to 12th grade students and friends!

What: The best weekend of winter?! Probably! Nothing compares to encountering Jesus in a real way with HUNDREDS of other teenagers. We'll laugh, sing, swim, play, learn, and be encouraged with truth to grow in our faith. And, we'll be hitting Kalahari Indoor Waterpark for one awesome night! Read more about WHITEOUT Winter Retreat at beulahbeach.org.

When: Friday, February 15 – Monday, February 18, 2019. Meet at The Refinery Church at 3:45pm Friday. We'll return by 11:00am Monday.

Where: WHITEOUT is held at Beulah Beach (6101 W. Lake Rd, 44089), a retreat center on Lake Erie near Vermillion, OH that is dedicated to engaging visitors to encounter Christ (www.beulahbeach.org). The folks at Beulah Beach have also rented out Kalahari Indoor Waterpark in Sandusky for one night of fun! After WHITEOUT, Refinery Student Ministries will head to Christian Alliance Church in Willard, OH (1609 S. Conwell Ave, 44890). This'll give us time to hang out as a smaller group before coming back to Columbus Monday morning.



Cost & Registration: Sign up for WINTER WHITEOUT at refinerychurch.cc/events.

	Cost	Sign up and <u>pay \$50 deposit</u> by:	Remaining Amount & Forms Due by:
EARLY Registration	\$135	Monday, January 14 th	Jan 28 th
LATE Registration	\$155	Monday, January 28 th	Jan 28 th

Early registration price of \$135 per student, if signed up and \$50 deposit is paid by Monday, January 14th, 2019. The price goes up to \$155 if you register between January 15th and January 28th. All remaining payment and forms (including notarized Medical & Civil Liability Release and Medication Authorization) are due to Ben Canan or the church office by January 28th. You may pay online through the Compass or by cash or check made payable to The Refinery Church. Contact Ben Canan, Director of Student Ministries at ben@lifepoint.cc with any questions.

Plans: Friday – Meet at The Refinery Church by 3:45pm, so we can depart Columbus before rush hour traffic hits! Check in at Beulah Beach for WHITEOUT Winter Retreat.

Saturday & Sunday – WHITEOUT Winter Retreat at Beulah Beach, including trip to Kalahari Indoor Waterpark. We'll leave Beulah Beach Sunday afternoon, stop for lunch (bring \$5-\$10 for fast food meal, depending on your appetite!), and spend the night at Christian Alliance Church in Willard, OH for some hangout time with just our group.

Monday – Return to The Refinery Church by 11:00am.

Student & Guardian Expectations: Please review all materials. Students and guardians are expected to register online, pay, and complete all paperwork by the listed deadlines. Incomplete registrations will result in student not being able to attend the retreat. So take care of this soon! Students are expected to conduct themselves appropriately and respectfully. This includes respecting all adults from our church and at Beulah Beach and Christian Alliance Church. If continued disruptive or disrespectful behavior is displayed, we will contact parents/guardians who will be responsible for picking up their student.

What to Bring:

-Sleeping Bag	-Bible	-required medications**
-Pillow	-notebook & pen	-snacks (no nuts!!)
-Bath towel & necessities	-winter coat	-pajamas
-Toothbrush, toothpaste	-clothes for 3 days (warm casual clothes and snow clothes)	-\$ for one meal on the road
-other bathroom items (like deodorant, please!)	-swimsuit & towel. One piece suits for ladies, please!	

** Please send any prescription or over-the-counter medications in original packaging/bottle. This is Beulah Beach policy. More information available on the Medication Authorization form.

Please Don't Bring: Anything dangerous, disrespectful, completely unnecessary, or incredibly distracting. Examples: tobacco products, alcohol, illegal drugs, legal (but unnecessary) drugs, lighters, matches, knives (including pocket knives), weapons, revealing clothing (dudes and ladies, both). If you're not sure whether to bring it or not, don't bring it.

BEULAH BEACH CAMP & RETREAT CENTER

MEDICATION AUTHORIZATION FORM

All campers under the age of 18 years old who bring prescription or over-the-counter medications to be taken at camp require a Medication Authorization Form on file. A Medication Authorization Form must be completed and signed by the parent/guardian for over-the-counter medications or parent/guardian and Doctor or Nurse Practitioner for prescription medication. Campers may not keep and take medications on their own (exception is made for asthma inhalers and epi pens as indicated below in the health care provider section). All medications are to be given to the Camp Nurse at the time of registration. All over-the-counter medications must be received in the original package containing directions for dosage. All prescription medications must be received in the original pharmacy bottle labeled with the camper's name and a current expiration date. NO MEDICATION WILL BE RECEIVED OR ADMINISTERED IF BROUGHT IN A PILL ORGANIZER, BAGGIE, OR OTHER CONTAINER. This authorization is valid for the camp year 2018. Any additions or changes in medication, dosage or time of administration require a new form completed and signed by the parent/guardian and health care provider.

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PARENT/GUARDIAN SECTION:

I, the undersigned as legal parent/guardian of _____,
date of birth _____, attending _____ (camp), dates _____,
request the Camp Nurse (or designee under the direction of the Camp Nurse) administer the following listed medication(s) to my child. I authorize, as needed, the sharing of information related to my child's health between the Camp Nurse (or designee) and the health care provider listed below.

Date Printed name and signature of Parent/Guardian

Home Address Contact phone # 1 Contact phone # 2

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I hereby instruct the Camp Nurse (or designee) to assist the above camper in taking:

Medication	Dosage	Route	Time	Diagnosis/condition:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HEALTH CARE PROVIDER SECTION:

In my professional opinion, this camper may carry and self-administer an asthma inhaler and/or epi pen. YES NO N/A

Printed name of health care provider Address & Telephone #

Signature of health care provider Date

MEDICAL & CIVIL LIABILITY RELEASE FORM

Each Participant **MUST** complete the following Medical and Civil Liability Release Form.
For those participating under the age of 18, the parent or legal guardian **MUST** sign.

You will not be allowed to participate in any off site activities with The Refinery Student Ministries
unless a Medical and Civil Liability Release Form is on file at The Refinery Church of the Nazarene.

FOR ALL PARTICIPANTS:

Name

(Last) _____ (first) _____ (Middle) _____

Address _____ Gender M _____ F _____

City _____ State _____ Zip _____

Phone _____ Email _____

Parent/Guardian (circle one)

NAME _____

Phone (home) _____ (work) _____

Emergency Contact _____

Relationship _____

Phone (home) _____ (work) _____

MEDICAL INFORMATION:

List the name(s) and dosage(s) of any medications you are currently taking:

List any medications you are allergic to:

Date of last tetanus shot:

List any medical conditions or activity limitations:

Doctor's Name _____ Phone (_____) _____

I, _____, the legal guardian of _____
Authorize the leadership of The Refinery Student Ministries to care for the administration of general first aid treatment for any minor injuries received to my child during events planned with The Refinery Student Ministries.

If the injury sustained is life threatening, or in need of emergency treatment, I authorize the leadership of The Refinery Student Ministries or its representative to summon any and all professional emergency personnel to attend, transport, and treat my child.

I understand that The Refinery Student Ministries will require my son/daughter to make choices and keep a schedule, and that he/she may not be under direct adult supervision at all times.

I agree to release and hold harmless any staff and lay assistants of The Refinery Student Ministries, The Refinery Church from any and all claims, suits, costs and action, of any kind whatsoever, arising from their exercise of the power granted by this authorization.

I understand that there may be taking of photos and filming footage at some events. I acknowledge that in the future my child's photograph may be used in promotion or news materials without my written consent, and monetary compensation.

This liability release is valid from January 2019 until January 2021, including travel to and from events within the year.

HEALTH INSURANCE COMPANY

POLICY #

Signature (to be signed in the presence of Notary Public)

The Following Section to be completed by Notary Public

Before me, A Notary Public, in and for said County and State, this _____ day of _____, 20____, personally

appeared _____ and acknowledged execution of the foregoing.

IN WITNESS WHEREOF, I have hereunto set my hand and Notary Seal.

STATE: _____ COUNTY OF: _____.

NOTARY PUBLIC SIGNATURE _____.

Commission Expiration Date: _____.

Notary Seal