



# 2020 Fall Retreat

Camp Shamineau

## **What is it?**

The fall retreat is a time for students to get away from the routine and noise of everyday life and spend the weekend in community with other believing students in a camp setting. The weekend is centered around times of worship, a guest speaker that presents the gospel message, and times of discussion while also providing plenty of activities for students to enjoy, tournaments for students to compete, team building exercises and some much needed downtime.

## **Who can go?**

All middle and high school students.

## **When is it?**

Friday, November 6<sup>th</sup> through Sunday, November 8<sup>th</sup>. We will leave from Emmaus on Friday at 4 pm and arrive back home on Sunday by 5pm.

## **How much does it cost?**

- Initial deposit of \$30 or full amount to secure a spot on the retreat that is deducted from the total cost of the trip.
- Students registered by Wednesday 10/14 receive *early bird* benefits.
  - Discounted total cost of \$125.
  - Emmaus Youth Fall Retreat T-shirt is included.
  - Eligible for full or partial scholarships if needed. Parents must contact Tim Drake (*see page 2*) to discuss options.
- Students registered by Wednesday 10/28 will be registered with the standard rate of \$150 but will not be eligible for a t-shirt.

## **Where is it?**

Camp Shamineau is located in the center of Minnesota, midway between the Twin Cities, Fargo and Duluth in Motley, MN.

## **How do I sign up?**

Return a completed medical release form (attached) and your \$30 deposit (checks should be made out to "Emmaus Church") to Tim Drake's box in the church office on or before Wednesday 10/14 to receive *early bird* benefits and no later than Wednesday 10/28.

### **What should my student pack?**

- Due to mask mandates still in place, students will be required to wear a mask in certain areas throughout the weekend. Students need to bring a mask and we would encourage bringing more than 1.
- They'll need: A sleeping bag, pillow, weather appropriate clothing for three days that they do not mind getting dirty, toiletries, outdoor (closed-toe) shoes, and a Bible. Weather is different every year this weekend so make sure to check it the week of and/or pack for both.
- They may want to bring: A flashlight, snacks for the ride, bug spray, spending money for gifts.
- Remember! We are not responsible for lost cell phones or other electronic devices. We discourage bringing any electronics other than a cell phone on the trip. There will be times when cell phone use is not allowed.
- We will not stop for dinner on the way up, so students should pack food and a drink for Friday night. (We will stop at a Gas Station for a break and/or snack).

### **Additional COVID Precautions**

There will also be temperature checks for each attendee at check in. If an attendee has a temperature of over 100 when they get to camp they will not be allowed to stay, and anyone in the vehicle they arrived in will need to leave as well. We will take temperature checks prior to our departure to do our best to prevent this.

For meals we will not be eating in shifts but will have a longer mealtime window so that everyone is not eating at the same time. As long as the weather holds we may continue to eat meals outside but if we need to eat inside we will have the tables spaced apart which allows for social distancing but also decreases the capacity of the dining hall.

For chapel we will have 2 chapels on Friday night and 2 on Saturday night and each group will be assigned to a specific time. They will be full blown chapels with the worship band, etc. and our seating is arranged to accommodate social distancing. Masks will need to be worn in the chapel. When your group is not in chapel they will be at an alternative activity.



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Group leaders will need to be responsible for monitoring our group regarding masks. For example, masks are worn in the dining hall unless you are eating. In the gym masks will be worn by campers who are just standing around talking, but if they are part of an activity they don't need to wear them. Masks do not need to be worn in their housing rooms or cabins, but should be worn when using the restrooms.

Attached is a questionnaire to be filled out and submitted less than a week before the beginning of the retreat. Each individual going on the fall retreat is required to submit one. Families with more than one child going on the retreat are required to provide one form per child and cannot combine them on the same form.

### **Want to be a Group Leader?**

These trips are not possible without amazing adult volunteers that want to support our students in this experience. As a group leader you do not have to pay for your spot on the trip. Group leaders are expected to aid in small group discussions, engage with students throughout the weekend, and have fun alongside our students by participating in the activities where you feel comfortable. Group Leader spots are limited so don't hesitate to reach out to Tim with any questions.

### **Additional Questions?**

Please contact:

Tim Drake  
Pastor of Student & Family Ministries  
(518) 569 - 8297  
tdrake@emmauschurch.org

Name of Church Group: **Emmaus Church**

A completed release form must be received for each camper and sponsor at check-in in order for an individual to be allowed to attend.

**Youth Retreat Release Form**  
**Medical Information – for campers 17 yrs. and younger**

Camper's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Gender: (circle one) Male / Female Parent or Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_ — \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Day Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

To be filled out and signed by Parent or Guardian:

Health Ins. Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

(Parent's health insurance serves as the primary insurance provider. Shamineau Ministries carries only secondary accident insurance coverage.)

Does the camper have any allergies to food or medication? What is the reaction? Is medication used to treat the allergic reaction?: \_\_\_\_\_

List any diagnosed illnesses or issues: \_\_\_\_\_

What medications, including doses, are used to treat the above?: \_\_\_\_\_

Any side effects of his/her medications?: \_\_\_\_\_

Are your child's immunizations up to date?  Yes  No Date of last Tetanus \_\_\_\_/\_\_\_\_/\_\_\_\_

(State law requires that all campers be fully immunized as for school.)

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Release & Waiver of Liability Agreement/Medical & Media Release Form**

I have chosen to allow myself/my child/my family members to attend the Shamineau Ministries programs in part because of the camp activities they offer. I understand and acknowledge that participation in the everyday camp activities offered by Shamineau Ministries (including but not limited to rock climbing, hiking, high and low ropes course elements, riflery, shotguns, paintball, horseback riding, water sports and activities, mountain boarding, skateboarding and rollerblading, climbing the artificial indoor climbing wall) entails risks both known and unknown, regardless of negligence which could result in serious physical or emotional injury, paralysis, and/or death, or damage to the participant, to property, or to third parties. I understand and acknowledge that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I further understand and acknowledge that the risk of harm inherent in these activities may be increased by factors beyond the control of Shamineau Ministries, including but not limited to the weather and elements, equipment manufacturer's malfunction and a participant's fitness and abilities. I hereby release and discharge, indemnify and hold harmless to the fullest extent permitted by law, Shamineau Ministries, its officers, directors, employees, agents, volunteers and assigns from any and all liability, claims, demands, costs and expenses, and causes of action whatsoever arising out of or in any way connected with any property loss and/or bodily injury including death and/or disability arising from myself/my child/my family members' participation in Shamineau Ministries activities. I hereby authorize the Shamineau Ministries staff to secure medical treatment for myself/my child/my family members if necessary. I am aware that photos/videos may be taken of myself/my child/my family members at camp and I further authorize the camp to use these for Shamineau promotional purposes.

I have read this release of liability and assumption of risk agreement fully, understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement. It is also my responsibility to report any personal physical conditions that could impact participation by myself or family members, and, also report any unsafe conditions that I may encounter to a responsible party.

\_\_\_\_\_  
Adult Signature/Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Signature

# Fall Fling Medical Questionnaire

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Church Youth Group \_\_\_\_\_

If there are multiple family members attending, each person needs to submit this form individually.

This form should not be filled out any earlier than one week before attending Fall Fling.

1. Have you traveled internationally in the last month? If so, where?
2. Have you been sick in the last 2 weeks? If so, what symptoms?
3. Have you been in contact with anyone who has either been suspected or confirmed of having Covid-19 in the last 2 weeks? If so, when and where?
4. Have you had any Covid-19 symptoms in the last 2 weeks? If so, what symptoms? Symptoms include fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.