



Winter Retreat 2022

Information Packet

The 2022 THAW Retreat is organized by Rock Mountain Bible Camp in Susquehanna, PA. I am very excited that they have allowed us to join their retreat this year as it means we will get to enjoy the weekend of spiritual enrichment, food, and fun with a bunch of other churches from the tri-state area.

What is THAW? “THAW is a weekend retreat for middle and high school youth groups that challenges students and leaders to experience God’s truth through building relationships within their group, fun activities, and focused times in God’s Word.” This will be the focus of our time during this retreat – growing together, having fun, and reading the Word of God. The main verse that feeds into this retreat is Ezekiel 36:26 – “I will give you a new heart and put a new spirit in you; I will remove from you your heart of stone and give you a heart of flesh.”

Our Winter Retreat experience has always been one of building relationships, going deeper into God’s Word, and just enjoying our time together. The speaker this year is Pastor Jeremy McAlack from Riverstone Church in Yardley, PA. He is the Pastor of Youth and Family Ministry there and has a heart for connecting young people and their families with Jesus Christ.

We would like to depart for the retreat as close to 4:00 PM as possible on March 4. Please arrive *before* 4:00 PM so we can get everything packed up, everyone situated, and get on the road as quickly as possible. We will be stopping for food on the way up so you will want to have cash on hand during the drive. For space purposes, please consolidate your luggage into one suitcase, plus your sleeping bag and pillow. You will be expected to hold any additional bags in your lap during the drive.

Please read through the entire packet as it contains important information about the retreat (including a packing list). If you have any questions or concerns, please reach out to me.

God bless,

Michael Spatz

Director of Student Ministry, First Baptist Church of Metuchen
E: fbcmsummit@gmail.com C: 732-439-7875

We are looking forward to a great Winter Retreat and excited about all God will be doing during the weekend with our group!



**Rock Mountain Bible Camp
1156 Rock Mountain Dr.
Susquehanna, PA 18847**



DIRECTIONS

If there is a need to come to camp, directions are best obtained from the camp's website.

PHONE CALLS

If you need to reach your teen, you may call Michael Spatz:
Cell # 732-439-7875

If calling the camp, tell them you want to speak to Michael Spatz from First Baptist Church of Metuchen. Then, please give them your phone number and message.
Your call will be returned as soon as possible.

OUR POLICY CONCERNING DISCIPLINE PROBLEMS:

If your teen becomes a discipline problem, you will be called and expected to pick him/her up.
We have not had to use this policy in several years, but it will be enforced.

PLEASE REMEMBER TO:

- ◆ Check to see if your teen has forgotten anything.
- ◆ **REMEMBER: NO CELL PHONES OR ELECTRONIC DEVICES!!**
- ◆ Remind your teen to wear their coat, hat, & gloves and to keep their feet dry.
- ◆ Fill out and return all attached forms and submit any remaining payments immediately.

DATES & TIMES

Meet at the Church at **BEFORE 4:00 p.m. on Friday, March 4, 2022**
We will return by **4:00 p.m. on Sunday, March 6, 2022**

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 We will return by **4:00 p.m. on Sunday, March 6, 2022**

THINGS TO BRING:

- ___ Face masks (at least one per day)
- ___ Bible, Note pad, Pen
- ___ Sleeping Bag & Pillow
- ___ Towel & Face Cloth
- ___ Soap & Shampoo, Comb or Brush
- ___ Toothbrush & Toothpaste
- ___ Winter Jacket, Gloves, & Hat
- ___ At least **3** sets of warm clothes
- ___ Sleepwear
- ___ At least **2** pair of footwear (THEY WILL GET WET!)
- ___ At least 6 pair of socks (THEY WILL GET WET!)
- ___ Plastic bags for wet clothes & shoes
- ___ Camera (*not cell phone w/camera*), batteries
- ___ Flashlight, batteries
- ___ Money for dinner on Friday night and Snack Shop



WHAT NOT TO BRING:

NO Ipods, video games, electronic devices, etc.

NO Cell phones!

All leaders have one in case of emergency

THIS IS A RETREAT – We are purposely spending time away from our normal routine to hear from God and connect with one another.

If you have any questions about anything, please ask:

Michael Spatz	732-439-7875
Church Office	732-548-4279
Marilyn Langholff	732-771-3500



2022 Winter Retreat Registration Form



Church: First Baptist Church, Metuchen

Name: _____ STUDENT's Cell Phone #: _____

Currently in Grade: _____ Age: _____ T-Shirt Size: _____

Parent's Name(s): _____

Mom's Phone #'s: Home: _____ Cell: _____

Dad's Phone #'s: Home: _____ Cell: _____

Additional Emergency Contact (will only be contacted if parents can not be reached:

Name: _____ Cell: _____

If the camper needs to be discharged, who is able to pick up the camper?

Please list ALL names of those allowed to pick up your child.

*FBCM sometimes uses photographs taken during Youth Retreats/Camps/Activities for various purposes on our website, in our brochures, etc. If you would prefer us not to use your picture, please check this box:

STUDENT AGREEMENT

I, the undersigned, promise to abide by the rules established for the Winter Retreat. I understand that my parents will be contacted and I may be sent home (without refund) if the rules are disregarded, and I am also responsible to pay for damages to facilities or private property.

Signature of Camper (in ink!!)

Date

PARENT PERMISSION

I give permission for my child, _____, to attend the Middle and High School Winter Retreat at Rock Mountain Bible Conference, South Gibson, Pennsylvania March 4-6, 2022 with the Student Ministry of First Baptist Church, Metuchen.

Parent/Guardian Signature (in ink!!)

Date



2022 Winter Retreat



MEDICATION DISPENSING FORM

Medication will be administered to students during camp stay only when such medication is needed by the student to remain in camp and administration is required. NO MEDICATION WILL BE ADMINISTERED TO ANY STUDENT WITHOUT PROPER COMPLETION OF THIS FORM. The form should also be used for non-prescription drugs, such as aspirin, when prescribed by a physician.

Any medication to be administered must be delivered in the **ORIGINAL AND PROPERLY LABELED CONTAINER**. Please place all medication in a sealed plastic bag labeled with child's name. Prescription medicine will be kept by FBCM Student Ministries staff.

Failure of the parent/guardian to provide documentation will require the parent/guardian to be present at the camp to administer the medication personally.

STUDENT'S NAME: _____ **AGE** _____ **GRADE** _____

LIST ANY ALLERGIES TO MEDICATIONS: _____

NAME OF 1st MEDICATION: _____

DOSAGE: _____ **FREQUENCY (Time of day):** _____

REASON FOR MEDICATION: _____

EFFECTIVE DATES: From: _____ **To:** _____

NAME OF 2nd MEDICATION: _____

DOSAGE: _____ **FREQUENCY (Time of day):** _____

REASON FOR MEDICATION: _____

EFFECTIVE DATES: From: _____ **To:** _____

(please obtain additional forms if more than two medications are required)

As parent/guardian of the above named student, I hereby request that the medication described above be administered to my child and release the FBCM Student Ministries Staff from liability for any damages my child may suffer as a result of this request.

Parent/Guardian Signature (in ink!!) **DATE** _____

Home phone **Work Phone** **Cell Phone**

*If medications change after completing form,
download or request an additional form and turn in as soon as possible.*



**BLANKET PERMISSION SLIP
FOR ALL YOUTH ACTIVITIES**

Valid for: September 1, 2021 – August 31, 2022



I, the undersigned, do hereby give consent for my student named below to participate in all activities scheduled on or off church property, for the Student Ministry of First Baptist Church, Metuchen, and also give permission for my student to be transported to and from these activities. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to First Baptist Church's Child Protection Policy at all times.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I give my permission to secure the services of any licensed medical personnel to provide necessary medical services, in the event that my student is injured or becomes ill. I understand that First Baptist Church, Metuchen will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent or guardian.

I certify that my student is physically fit and adequately prepared to participate in all recreational and sporting events, except as specifically listed below. I agree to notify First Baptist Church in writing of any health changes that would restrict my student's participation in normal youth activities.

I understand that I will also be required to complete and sign additional permission slips for all activities which occur off church property, which will signify that I am aware of the specific dates, times, requirements, and activity for each particular event.

By signing below, I acknowledge and accept the risks of physical injury associated with participation in Student Ministry activities. I accept personal financial responsibility for any bodily or personal injury sustained during these activities.

Please neatly print in ink all information except signature

Student's Legal Name: _____ Date of Birth: _____ / _____ / _____
Month Day Year

Address: _____ City: _____, NJ Zip: _____

Mother's: Name: _____ Cell #: _____

Father's: Name: _____ Cell #: _____

Family Doctor's Name: _____ Phone #: _____

Student's personal/family medical insurance: Policy #: _____

Name of Insurer: _____ Group #: _____

Physical handicaps or illnesses that would prevent my student from participating in normal rigorous activity: _____

Allergies: _____

My student can be given the following (or generic equivalent) over-the-counter medications:

Please circle all that apply: Tylenol Advil Motrin Aspirin Benadryl

This permission shall remain in effect until August 31, 2022 unless terminated in writing.

Signature of Parent or Guardian

Date

ROCK MOUNTAIN BIBLE CAMP INFORMED CONSENT FORM

**This form must be signed by all participants.
A parent/legal guardian's signature is required if the participant is a minor (under 18yrs).**

I/we am/are aware, in signing this document for participation in the Rock Mountain Bible Camp Youth Camp, TEAM Initiative Course, Zip Line, and/or Adventure Trip, that certain elements of the program can be physically, mentally, socially, and emotionally demanding. I/we understand that although professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e. cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I/we am/are aware that certain risks and dangers exist in these activities that are beyond the control of Rock Mountain Bible Camp and its' staff. I/we understand that the Rock Mountain Bible Camp staff has the right to deny participation and that it is my (or my son/daughter/ward) responsibility as a participant to follow the safety standards, guidelines, and procedures established by the staff. If I/we do not understand specific instructions from the staff at any time, I/we realize that it is my (or my son/daughter/ward) responsibility to ask for clarity and/or assistance. I/we acknowledge that any type of weapons/firearms or any materials that could cause damage or personal injury are strictly prohibited from Rock Mountain Bible Camp or Adventure Trip.

I/We am/are aware, in signing this document for participation in the Rock Mountain Bible Camp Youth Camp, Team Initiative Course, Zip Line, and/or Adventure Trip, that I/we authorize the leader of the event to secure such medical advice and services as deemed necessary for the health & safety of myself (or my son/daughter/ward) and I agree to accept financial responsibility:

- * where the health and well-being of the applicant is involved.
- * where the medical advice has been such that further services are required.
- * where reasonable attempts to contact the parent/guardian have failed or where due to the nature of the emergency there is insufficient time to contact parent or guardian
- * where benefits of my health insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

I/We understand and assume all dangers(hazards and perils) and risks associated with the Youth Camp, Initiative Course, Zip Line, and/or Adventure Trip; and waive all claims or causes of action arising from my (or son/daughter/ward) participation in the Rock Mountain Bible Camp Youth Camp, Team Initiative Course, Zip Line, and/or Adventure Trip; and do hereby release Rock Mountain Bible Camp from liability which I may ever have against the program, its successors and assigns, its officers, shareholders, employees, volunteers, agents and their heirs, executors and assigns.

I give my consent to the Camp Nurse or other medical personnel to treat me (or my son/daughter/ward) in a medical situation. I understand that the camp provides excess medical insurance for each camper. I grant permission for my (or my son/daughter/ward's) picture to be used in camp promotional materials. My signature on this document is also intended to bind my successors, heirs, representatives, administrators, and assigns.

Signed: _____ Date: _____
Participant (*Minors must sign*)

Signed: _____ Date: _____
Parent or guardian (*if participant is under 18 years*)

MEDICAL DISCLOSURE/ HEALTH HISTORY FORM

We Require Full Disclosure of your Current Health.

Name of Event _____ Date of Event: _____

Participant Name: _____ Gender: Male Female

Parent/Guardian Name(s) _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Other Phone(_____) _____

Email _____ Birth date: _____

In Case of an Emergency, contact:

Primary Contact Name: _____ Relationship: _____

Phone-day: (____) _____ Phone- evening: (____) _____

Secondary Contact Name: _____ Relationship: _____

Phone-day: (____) _____ Phone- evening: (____) _____

Physician Name: _____ Phone: (____) _____

Insurance Carrier: _____ Policy #: _____

1. Are you currently under a physicians' care? YES NO If Yes, explain: _____

2. Are you currently taking medication? YES NO If Yes, explain: _____

3. Do you have allergies? YES NO Please List: _____

4. Do you require special assistance of any type? YES NO If Yes, explain: _____

5. Have you had a recent injury, illness, or operation? YES NO If Yes, explain: _____

6. Do you have diabetes, seizures, frequent fainting/dizziness? YES NO

If Yes, explain: _____

7. Do you have any neck, back, or shoulder pain/injury? YES NO

If Yes, explain: _____

8. Do you have a history of heart problems or high blood pressure? YES NO **

9. Which "over-the-counter" medications may the Camp Nurse dispense to you/your child if deemed necessary? (Headache, upset stomach, etc.) Please List: _____

****If you checked Yes to question #8, please note the following:** Participants with a history of heart problems and/or high blood pressure are at risk while participating on the Initiative Course, Zip Line and/or Adventure Trips, due to the emotional and physical demands involved. Rock Mountain Bible Camp cannot guarantee your physical safety should you choose to participate. Rock Mountain Bible Camp asks that all participants answering YES to question # 8 acquire a written approval from their physician prior to participation.

I have read the Rock Mountain Bible Camp Medical Disclosure Form and fully understand it without question. The information I provided is accurate to the best of my knowledge.

Signed: _____ Date: _____
Participant (minors must sign)

Signed: _____ Date: _____
Parent or Guardian (if Participant is under 18 years)