

Confirmation Retreat

April 5-6, 2019



Pyoca Camp and Retreat Center
886 E County Rd 100 S
Brownstown, IN 47220
www.pyoca.org

Overview

Pyoca is gathering together 2019 PC(USA) confirmands and their mentors for a weekend of fun and preparation for confirmation. Through this retreat, we hope to serve churches with smaller confirmation classes. Of course, churches with any size youth/confirmation program are welcome, large or small!

The retreat will focus on connecting youth with one another and their mentors, as well as preparing the confirmands to write their Statements of Faith.

By connecting youth from various churches, we hope they will see that church has a broad definition; even at camp we can be church! Our confirmands will learn that they are not only the future of the church, but that they are integral to the church as it is **now**.

Youth & Mentors

Many churches will have a mentor or shepherd for each confirmand, all of whom are welcome to join their confirmands. By no means do all churches need to have a 1:1 ratio of mentors to youth. **Each church must have at least a 1:6 ratio of adult leaders/mentors to youth.**

Registration

Registration fees are \$75.00 per person, covering meals, lodging, and all program activities for the weekend.

Minors will need to fill out additional medical/consent and parental/guardian agreement forms that will be held confidentially on file. All forms are available below.

Background checks are required for all adult leaders. Pyoca will run these ahead of the retreat. Please send in your consent forms no later than **March 29, 2019**.

Lodging

All lodging is retreat-style, with bunk beds in each room. We will do our best to accommodate lodging preferences, but with many small churches attending we may assign various groups to different rooms in the same cabin. Please indicate if there is another group you would like to be placed with in your cabin.

Linens are not provided by Pyoca, so be sure to refer to the packing list provided for what you will need to bring with you.

Tentative Retreat Schedule

Friday, April 5th

- 7:00 – 7:30 Check-in
- 7:30 - 8:00 Welcome / Intros/Icebreakers / “*A Part of Something Greater*” – **Molly DeWitt**, Program Director
- 8:00 – 8:30 Small Groups – Intros/”*My Why*”(Why I feel called to be confirmed)
- 8:30 - 9:30 Home Churches – Interview Mentor(s)
- 9:45 - 10:30 Campfire / S’mores
- 11:30 Lights Out!

Saturday, April 6th

- 8:00 - 8:30 Breakfast
- 8:30 - 9:00 “*Does What I Believe Matter?*” – **Rev. Don Summerfield**
- 9:00 - 10:00 “*What’s in a Statement?*”
- 10:00 - 11:00 Small Groups: “*I Believe*” - Brainstorming for Statement of Faith
- 11:00 - 12:00 Begin writing statements of faith
- 12:00 – 1:00 Lunch
- 1:00 – 2:30 Lake Hike / Free Time
- 2:30 – 3:00 Small Group - “*Finding My Place in the Church*”
- 3:00 – 3:30 Closing Worship
- 4:00 Depart



Youth Medical and Consent Forms

Dear Parent/Guardian,

The information on this form is not part of the camper, staff, or volunteer acceptance process, but is gathered to assist us in identifying appropriate care. It is essential that we have the most up to date medical and emergency information requested below. Our goal is that every participant experience a safe and healthy time at Pyoca Camp, Conference, and Retreat Center. This form must be completed by a parent or guardian of minors or by adults themselves.

General Information

Participant's Name:

Last

First

Middle

Address:

Street

City

State

Zip

Participant's Date of Birth: ____/____/____

1. **Custodial** Parent/Guardian Name:

Phone: _____ Alternate Phone: _____

Address (if different from above) _____

Email: _____

2. Parent/Guardian Name:

Phone: _____ Alternate Phone: _____

Address (if different from above) _____

Email: _____

Emergency Contact Name (Cannot be one of the two persons listed above):

Phone: _____ Alternate Phone: _____

Relationship: _____

Insurance Information

By filling out the information below I/we certify that my/our child is covered under an Affordable Care Act compliant plan.

If so, indicate carrier of plan name _____

Policy # _____ Group # _____

Please Attach a Copy (front and back) of the Participant's Insurance Card

Health History

The following information must be filled in by a parent/guardian, adult camper, or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of this form for your records. Any changes to this form should be provided to camp health personnel upon participant’s arrival to camp. Provide complete information so that the camp can be aware of all health needs.

1. Has the participant received all immunizations required for school entrance? ___ Yes ___ No

2. ALLERGIES: list all known Food, Medications and Other allergies (i.e. bee stings)

Allergy	Reaction	Treatment	Comments

3. Medication

Please List Any Medication the Participant Takes Regular

Name	Dose (MG)	Route	Frequency	Time Taken	Reason

Parent’s or Guardian’s Authorization for PRN (As needed) Medication Administration

I give permission for Pyoca Camp Conference and Retreat Center first aid staff or volunteer nurse to administer the following checked PRN (as needed) medications to my child as necessary. If a symptom is recurring or a question exists about medication, I understand I will be contacted by phone to clarify the issue. All non-prescription medication label directions will be followed.

First aider staff or volunteer nurse may administer the following medications to my child for the presented related symptoms:

- | | |
|---|---|
| <input type="checkbox"/> Acetaminophen – fever, headache, pain | <input type="checkbox"/> Tums (Calcium Carbonate) – upset stomach, heartburn |
| <input type="checkbox"/> Ibuprofen – fever, headache, pain | <input type="checkbox"/> Pepto Bismol (Bismuth Subsalicylate) – upset stomach, diarrhea |
| <input type="checkbox"/> Benadryl – poison ivy, bug bites | <input type="checkbox"/> Aloe – sunburn |
| <input type="checkbox"/> Calamine Lotion – poison ivy, bug bites | <input type="checkbox"/> Cough Drops – cough or sore throat |
| <input type="checkbox"/> Benadryl Cream – poison ivy, bug bites, rashes | <input type="checkbox"/> Sore Throat Spray (Phenol 1.4%) – sore throat |
| <input type="checkbox"/> Hydrocortisone Cream – poison ivy, bug bites, rashes | |

Signature of Parent or Guardian

Date

4. Dietary Restrictions

- | | | |
|--|---|--|
| <input type="checkbox"/> No Dietary Restrictions | <input type="checkbox"/> Does not eat pork | <input type="checkbox"/> Does not eat dairy products |
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat seafood | <input type="checkbox"/> Does not eat gluten |
| <input type="checkbox"/> Does not eat poultry | <input type="checkbox"/> Does not eat eggs | <input type="checkbox"/> Other _____ |

Agreement, Authorization, and Release
PARENTS / GUARDIANS - PLEASE READ CAREFULLY, SIGN AND RETURN

Liability and Obligation Policies

I/we, the parent(s) or guardian(s) of (Child's Name) _____
(the child) release and hold harmless Pyoca Camp, Conference, & Retreat Center, the Presbytery of Whitewater Valley Inc., and the Presbytery of Ohio Valley, and the Synod of Lincoln Trails, their agents, owners, officers, employees, volunteers, participants, and all other persons or entities acting on their behalf (hereinafter collectively referred to as Pyoca) of any and all liability for accidents or injuries sustained while in the care of the aforementioned organizations. I/we give my/our consent for my/our child to be transported onsite, and to and from any scheduled offsite programs. I/we are aware that a deposit is required prior to the chosen camp session in order to reserve a place for my/our child. I/we agree to pay the balance owed the first day of the camp session. I/we agree that Pyoca may reproduce any photographs, slides, and videos taken of my/our child for publicity purposes. I/we understand that Pyoca will not be responsible for any personal property brought to camp by campers.

Assumption of Risk

I acknowledge that injuries may occur while my child is participating in activities at Pyoca. I understand that the possibility of injury cannot be totally eliminated without jeopardizing the essential qualities of Pyoca's camp experience. Injuries may occur during Pyoca camp activities. By signing below, I confirm that my/our child is in good health and is physically able to participate in regular camp activities. I understand that if my child has any health issues or concerns, it is my duty to inform Pyoca in writing of said issues or concerns.

SERIOUS MISBEHAVIORS

These include, but are not limited to, fights with intent to do bodily harm, hitting with an object or fists, threatening or harassing other campers, bullying, continual use of profanity or obscene language, inappropriate sexual activities, carrying a weapon, possession of cigarettes, possession of alcohol or drugs, or rejection of authority. These actions are considered harmful to other campers Pyoca staff and volunteers and will not be tolerated. The parents of the child will be notified by the Executive Director or Assistant Director via telephone and asked to pick up the child as soon as possible. If this occurs, all monies are non-refundable.

Non - Discrimination Policies

Pyoca prohibits discrimination in its programs on the basis of race, color, national origin, sex, age, disability, political beliefs, gender preference, sexual orientation, marital status, or financial status.

Health Release Policies

To the best of my/our knowledge the information provided on my/our child's health from is complete and accurate. I/we give permission to Pyoca and its trained staff to administer care for the treatment of minor injuries and illness within the limits of the staff members training and Pyoca's Medical Protocols. In the event my/our child needs emergency medical care, an attempt will be made to contact me/us. In the event that I/we cannot be reached, my/our authorized signature(s) below allows Pyoca, to act in loco parentis securing prompt medical treatment. I/we give permission for my/our child to be transported by Pyoca Staff or Ambulance service to a local physician's office, urgent care facility, emergency room, or hospital. I/We know that every reasonable and customary precaution will be taken to assure safety. Prior to the performance of any major surgery, except in the case of a clear emergency with life threatening potential for failure to act with dispatch, the medical opinions of two other licensed physicians who are experienced with the conditions diagnosed shall be first sought and they shall concur in the procedures proposed. I/we give permission for my/our child to be transported by Pyoca Staff or Ambulance service to a local physician's office, urgent care facility, emergency room, or hospital.

I/we have read and understood these policies and procedures, and by signing below so hereby acknowledge my/our agreement and compliance to the aforementioned.

Parent/Guardian
Signature: _____

Date: _____

Printed: _____

Youth Leader Registration



886 East CR 100 South, Brownstown, IN 47220
Phone: (812) 358-3413
program@pyoca.org www.pyoca.org

Pyoca Camp, Conference, and Retreat Center is an equal opportunity employer M/F/V/D. All applicants are considered for all positions without regard to race, gender, sex, sexual orientation, handicap, national origin, ancestry, or family status.

DATE _____

FULL NAME _____

Please check all that you would consider:

Small Group Leader Chaperone

Current Address _____

Home Phone _____ Cell _____
Date of Birth (___/___/___) Sex (circle one): Male Female
Email address: _____
Church name: _____ Emergency contact: _____
Phone #: _____ City: _____ State: _____
Dietary and/or Activity Restrictions: _____

Have you ever been terminated from a paid or volunteer position, due to sexual misconduct or child abuse allegations?
___ No ___ Yes (If yes we will seek further information into the specific situation.)

Have you ever been convicted of a criminal offense other than a minor traffic offense?
___ No ___ Yes (If yes we will seek further information into the specific situation.)

With my signature at the bottom I authorize Pyoca Camp, Conference, and Retreat Center to use the following information and the information above to conduct a criminal background check.*

Alias or Nickname: _____
Any Previous Surname: _____
If you are not currently an Indiana resident, or have moved with in the last year, please list previous residency.
City: _____ State _____
Social Security Number: ___ - ___ - ___ Driver's License Number: _____ State of Issue: _____

**If possible, please consider a \$10.00 donation in order to cover the cost of your background check. Thank you.*

With my signature I agree to respect and follow the camp policies and I verify that the information in this registration is true to the best of my knowledge.

Signature of applicant: _____ Date: _____

PYOCA CAMP & RETREAT CENTER

Child Protection Agreement

Welcome and thank you for sharing your time and gifts with Pyoca. At camp, our number one priority is always our youth. As an organization, we hope that all of our youth will be able to explore, grow, rest, and play during their time with us, but we also hope for this experience for our **Staff**. At camp, we define **Staff** as: employees, board members, volunteers, consultants, or anyone conducting or directly involved in youth programming on behalf of Pyoca

We invite you into the camp experience and hope that you will model the positive Christian community that Pyoca seeks to build. In order to build this type of community, here are a few things to know:

PIC (Person in Charge): In most instances, this will be either the Senior Director or the Program Director. If neither are available, a PIC will be appointed. All **Staff** will report to the PIC for any emergency situation.

Cell Phones & Electronics: Please keep cell phone use to a minimum when around youth. All Pyoca staff will have their phones for use in emergencies.

Child Protection Policy: A full copy of this policy will be available to all **Staff**. Here are a few key points **Staff** should know:

- **The Rule of Three**: Adults must always be in sight of at least one other adult. Avoid being alone with any minor.
- Sexual behavior, language, and/or harassment of any kind in relation to a minor will not be tolerated.
- Any signs of abuse **MUST** be reported to the Program Director and/or Senior Director.
 - ALL suspected incidents are to be taken seriously and reported.
 - Indiana is a Mandatory Reporter state, meaning **ALL** adults working with children (paid or volunteer) are mandated to report abuse if it is seen or suspected.
 - **Suspected abuse**: sexually inappropriate language/behavior, odd developmental behavior, bruising, moody behavior, sudden drastic changes in behavior, etc.
 - Be mindful that these may not always signal abuse. It is important to note if there is a pattern of behavior developing.
 - Be sure to reassure the child and explain that it is not his/her fault. Something like, "it was brave for you to come to me."
 - NEVER promise to keep secrets.

Social Media: **Do not** post photos of youth on any form of social media.

Be on the lookout for any bullying and notify staff when/if it occurs.

If there is an unfamiliar person present, politely escort them to the camp office.

Staff Sexual Misconduct Policy: Paid summer staff will receive additional training in this area.

- Sexual behavior, language, and/or harassment of any kind in relation to another adult will not be tolerated.
- **Social Media**: Please do not post photos of any other volunteers or staff onto social media without their explicit consent.

Spirituality: We want to maintain a space that is open for every person's walk of faith. If you don't know the answer to a spiritual question, say "I don't know, but I can try to find out."

By signing my name below, I have read and understand the Pyoca Child Protection Agreement and the above provisions. I understand that failure to abide by this policy will not only affect my future with Pyoca, but will also result in immediate dismissal from Pyoca.

Printed Name: _____

Signed: _____

Date: _____

PYOCA YOUTH PACKING LIST

Packing

Remember that you will be sharing a cabin with other youth. Some of them will have items that are similar to yours. Be sure to put your name on everything you bring to Pyoca.

Please, no luggage if possible. We encourage campers to pack their belongings in plastic Tupperware bins.

Sleeping Bag/Bed Roll

Youth are encouraged to bring either a sleeping bag or bedding (sheets, blanket, pillow) of their own. Lodging is retreat-style, so youth will be in rooms with a shared bathroom and bunk beds.

Shoes/Sandals

Closed-toed shoes are recommended at Pyoca. Boots are also nice for rainy days and hikes. Flip flop sandals are not allowed, however sport sandals with a heel strap are fine. Remember, your clothes and shoes may get wet and muddy. Youth may be hiking or going up our climbing tower, so appropriate outdoor clothing and shoes are necessary.

Climbing Tower

Youth entering grades 4 and up may participate in the climbing tower and will need closed toed shoes. Long pants and close-toed shoes are also encouraged for hiking.

What to Bring:

- o Sleeping bag or bedding & pillow
- o Appropriate “camp” clothing (casual) for all kinds of weather (for each day and a spare or two)
- o Warm jacket
- o Sweatshirt
- o Long pants
- o Close-toed shoes
- o Towel
- o Toiletries: soap, shampoo, conditioner, deodorant, toothbrush, toothpaste, brush/comb
- o Flashlight & extra batteries
- o Insect repellent
- o Bible
- o Medications (if any) IN ORIGINAL CONTAINERS

Pyoca has regular over-the counter medicine for headaches and other common ailments. There is no reason to bring them with you.

Pyoca is not responsible for lost or stolen items. Please make sure to mark all items with the camper's name.

**Please let us know if you have any dietary restrictions. Our kitchen can accommodate a wide variety of dietary needs. Thank you.*

In order for everyone to have the best possible camping experience, leave all of the following items at home:

Electronics

Cell phones, laptops, iPods, iPads, tablets, mp3 players, and **any other** electronics or valuables of any kind.

Food and Candy*

No food is allowed in cabins, as it attracts insects and animals!

If campers bring any of these items to camp, the item(s) will be confiscated and returned at the end of the week.

IMPORTANT:

Alcohol, vapes, tobacco, drugs, fireworks, and other dangerous items will not be tolerated under any circumstances. If campers are found with these items, they will be sent home immediately at their parent/guardian's expense.

If you have questions or need additional information please call the Pyoca office at (812) 358-3413, or e-mail program@pyoca.org.