

# Wabash/ New South Conference 5th & 6th Grade Leadership Retreat



**This is not a lock-in, but a training retreat.**

This is a program to start teaching and developing leadership skills in our kids.

**Encouraging, Empowering, and Engaging kids in ministry... teaching them how to prepare, teach, lead, and encourage others in their kids ministry groups at their local churches.**

We will be staying in the Heritage Lodge, check in will begin at 7pm (Eastern Time). You will get your room assignments at this time and all training sessions will be done in the Heritage Lodge Meeting Room.

**\*\*Registration is due by September 15th, 2023.\*\***

# **Wabash/ New South Conference 5th & 6th Grade Leadership Retreat**

## **Friday – September 22,2023**

7:00 pm Registration

7:20 pm Welcome, prayer, and event overview

7:20 pm Session #1 - Christian Habits (Prayer, Bible Study, Small Group, Attend Church)

9:20 pm Pizza Party/ Free Time

10:00 pm Prepare for Bed

10:30 pm Lights Out

## **Saturday – September 23, 2023**

8:00 am Wake Up

8:30 am Breakfast

9:15 am Session #2 - Know God (How to center in God)

10:30am Prayer Walk (Around The Campgrounds)

11:15 am Break

11:30 am Session #3 - How To Share our Faith

12:30 pm Lunch

1:30 pm Session #4 - Leadership within the Church (How can I serve others within the church)

3:30 pm Wrap Up

4:00 pm Depart of Home

**Wabash/ New South Conference 5th & 6th Grade Leadership Retreat**  
**September 22nd & 23rd, 2023 | Cost: \$40 per child / \$30 per chaperone**

**Registration Form & Medical Information**

Name \_\_\_\_\_ FMC Church \_\_\_\_\_  
Name of Parent or Legal Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Child's Grade \_\_\_\_\_

**Medical Information – (To be completed by Parent or Legal Guardian)**

Child's date of birth \_\_\_/\_\_\_/\_\_\_ Gender (Circle One) - Male or Female

Family Doctor \_\_\_\_\_ Dr's business phone \_\_\_\_\_

Does your child have any chronic or existing diseases or medical problems? (ex: diabetes, epilepsy)

\_\_\_\_\_

If "yes" please explain \_\_\_\_\_

\_\_\_\_\_

Does your child require regular medication? \_\_\_\_\_ If yes please explain. \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any foods or medicines? \_\_\_\_\_ If yes please explain. \_\_\_\_\_

\_\_\_\_\_

Who are you insured through? (ex. Employer) \_\_\_\_\_

Your health insurance company \_\_\_\_\_

Insurance company's claims address \_\_\_\_\_

Member's name \_\_\_\_\_ Identification # \_\_\_\_\_

Benefit Code \_\_\_\_\_ Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

The date of your child's last tetanus shot was \_\_\_\_\_

**Medical and Liability Release**

(Please read carefully and print appropriate answers in blanks) This must be signed and dated by parent/guardian)

I, \_\_\_\_\_ the legal custodial parent or guardian of, \_\_\_\_\_ who desires to voluntarily participate in the (5th & 6th Grade Leadership Retreat), assume all responsibility for any accidents or other mishaps, including, but not limited to, serious bodily injury, permanent disability, and/or death, with respect to my child, and I hereby waive my right and child's right to any claim, cause of action, and/or the right to file a lawsuit, and further release the Wabash Conference of the Free Methodist Church, the Free Methodist Church of North America, and the directors, officers, sponsors, employees, agents, and volunteers of each entity from any and all responsibility or liability of any nature whatsoever for any loss or damage to my child's property or person, including personal injury and/ or death sustained at (5th & 6th Grade Leadership Retreat) described above.

This instrument shall be binding upon the relatives, personal representatives, heirs, beneficiaries, next of kin or assigns of the above-named child and shall insure to the benefit of the organizations named as well as their directors, officers, sponsors, employees, agents, volunteers, successors and assigns. I have carefully read this Waiver & Release of Liability & Permission for Treatment and by my signature, I am stating that I understand, and accept all of its provisions, and understand that I am giving away substantial legal rights for both my child and myself and have the appropriate authority to execute this Waiver & Release. I also give permission to the Director of Children's Ministries and/ or volunteer sponsor of the (5th & 6th Grade Leadership Retreat) to order x-rays, routine tests and treatment for my child if I cannot be reached in an emergency. I further give permission to hospitalize, secure treatment, and order injections, anesthesia, or surgery for my child named above.

I (we) herewith authorize any representative of Wabash Park Camp & Retreat Center to request and consent in writing or otherwise as requested by Regional Hospital (Terre Haute, IN), or any other licensed hospital, to any and all examinations, medical treatment and/or procedures to or for the above named minor, either on or off the premises of Union Hospital, as may be deemed advisable or appropriate by any physician or surgeon licensed to practice medicine in the state of Indiana. This authorization constitutes a Power of Attorney appointing the above named staff as Attorney-In-Fact to sign said request and consents as fully as though I myself did so. This consent is effective from September 22nd-23rd, 2023. I hereby release the Wabash Conference of the Free Methodist, as well as WRC&RC, and/ or its personnel from responsibility in the case of sickness and/or accident while he/she attends the 5th & 6th Grade Leadership Retreat. I acknowledge that I understand the potential risks and the activities involved in the 5th & 6th Grade Leadership Retreat.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Group Registration Form

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Best place to register is at <https://www.wabashconference.org/?subpages/Children.shtml>

## Church Information

Church Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Youth Pastor/Leader: \_\_\_\_\_ Leader's Email: \_\_\_\_\_

Leader's Phone Number: \_\_\_\_\_

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## Registration Numbers

\_\_\_\_\_ Youth Participants @ \$40 = \_\_\_\_\_

\_\_\_\_\_ Adult Participants @ \$30 = \_\_\_\_\_

Total Participants: \_\_\_\_\_

Total Fees: \_\_\_\_\_

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## Registration Details

If unable to register online at <https://www.wabashconference.org/?subpages/Children.shtml> , Send this form and payment to:

**The Well**

**C/O Stacy Bare**

**5600 Ward Road**

**Evansville, IN 47711**

This form & payment must be received electronically or by mail by **September 15th, 2023.**

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## CHECK-IN AT THE EVENT

When you arrive, please park in the west gravel parking lot by the Heritage Lodge. Upon arrival, head to the Heritage Lodge for check-in. **REGISTRATION WILL BEGIN AT 7PM.** Please send one adult representative from your church to the check-in table upon entering. Please have a copy of each of your child's **REGISTRATION/MEDICAL FORM** as well as all payment for each child and adult chaperons (if you have not already paid online). From there if any of your children has medication that will need to be administered during the event you will need to see the nurse table and give instructions and medication to the nurse.

# Group Registration Form

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## Church Information

Church Name: \_\_\_\_\_ Church Phone: \_\_\_\_\_

Church Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Youth Pastor/Leader: \_\_\_\_\_ Email: \_\_\_\_\_

Participants Names	Male or Female (Circle One)	Child or Adult (Circle One)
1. _____	Male or Female	Child or Adult
2. _____	Male or Female	Child or Adult
3. _____	Male or Female	Child or Adult
4. _____	Male or Female	Child or Adult
5. _____	Male or Female	Child or Adult
6. _____	Male or Female	Child or Adult
7. _____	Male or Female	Child or Adult
8. _____	Male or Female	Child or Adult
9. _____	Male or Female	Child or Adult
10. _____	Male or Female	Child or Adult
11. _____	Male or Female	Child or Adult
12. _____	Male or Female	Child or Adult
13. _____	Male or Female	Child or Adult
14. _____	Male or Female	Child or Adult
15. _____	Male or Female	Child or Adult
16. _____	Male or Female	Child or Adult
17. _____	Male or Female	Child or Adult
18. _____	Male or Female	Child or Adult
19. _____	Male or Female	Child or Adult
20. _____	Male or Female	Child or Adult