

WINTER RUSH LEADER'S TOOLKIT

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DEAR YOUTH LEADER,

We are so excited to have you and your students joining us for Winter Rush at Trout! We anticipate that God will move in tremendous ways during these coming weekends. Designed to be more than just a weekend full of excitement, Winter Rush is designed to provide two things: 1. An experience that deepens and draws students into relationship with Jesus Christ. 2. Opportunities for your youth group to bond together as a group.

This packet contains all of the information and documentation that you will need prior to your group's arrival at Trout. Please give it a through read-through. Your success is our success. If you need something, have a question, or want to suggest a way that we can better serve your church and fellow youth workers, we would love to hear from you. It is our joy to serve you in this process. We will take care of the details so that you can focus on what you love-connecting with and discipling your students.

We've created downloadable, customizable resources for you to promote your retreat weekend with us. Check out http://troutlakecamps.org/retreats/winter-youthcollege-retreats for customizable resources to advertise at your church, in your youth room, and to share with your students and their friends.

As the Youth Leader, your responsibly as a group leader fall into these basic categories:

SPIRITUAL

- o Pray that God would show and bring you the students He has for you to bring this year.
- o Challenge your young people to reach out to those God would have them invite.
- Be a model of Christian character (Your kids do what you do, not necessarily what you say.)
- o Be sensitive to the spiritual needs of your group and those around you.
- Be ready to pray with your students and their friends.
- Be ready to respond with the gospel as the Spirit moves following chapel times and throughout conversations that take place throughout the weekend.
- Be open to whatever God would do in your own life.

RELATIONAL

- Make the first move in initiating conversations
- Learn to listen. Teach how to listen by your example
- o Follow Trout's rules and enforce them gently but firmly with your students
- If you must discipline, do it privately.

GENERAL

- Be prepared for check-in when you arrive! Refer to the <u>Friday Night Checklist (p. 7)</u> to make sure you are ready and don't have to spend the first part of your weekend collecting forms from your leaders and students.
- Help with crowd control. Leaders stay in the cabins with their youth groups. It is your responsibility to settle
 your group own at night. Assist at meals and at meetings by making sure your students are all present and on
 time. For larger youth groups (20+), direct your other adult leaders to help and assist as well.
- Monitor and/or dispense your students prescription medications or other medical needs. We do provide Nurses onsite for weekend retreats to assist in emergencies, connect you with local clinics and ERs, and provide simple first AID items.
- o Get involved... YOU make a difference.

Please be sure you share these responsibilities with each of your leaders and make sure they understand their roles.

UPDATING GROUP NUMBERS & PAYMENTS

Please read through this page carefully-following the instructions given will help you to bring as many students as possible while avoiding any unnecessary non-refundable deposits.

All registration is electronic via our website- troutlakecamps.org.

Simply Click the orange Register/Login rectangle in the upper right hand corner of the home page. You will be prompted to create a login on our ultracamp system or login with an existing account. If you are having trouble accessing or registering an account with us, give our main office a call, 218-543-4565.

Registration opens on the second Thursday of September at Midnight (late Wednesday evening, early Thursday morning).

Retreats can fill up quickly and without warning. Because we serve large and small youth groups and churches (150+ & less than 5) we cannot predict, if / when retreats will fill. Our typically retreat size ranges from 300-525 depending on the season and the retreat. We recommend registering your group as soon as you can solidify numbers.

Payment is due, in order to secure your groups spot.

Prior to finalizing your online registration, you will be prompted to pay via credit card number. If payment is not received, your group spots will not be secured until payment is received. Your credit card will be charged the moment your finalize online registration.

Refund Amounts and Deadlines

\$30 per student spot is nonrefundable. \$21 per adult leader spot is nonrefundable up until the day before the retreat. 100% of the registration fee per person is nonrefundable the day prior to the retreat (Typically Thursday) through the event itself. Refunds are issued as a check sent to a mailing address. To manage a refund, contact our registration team during business hours 218-543-4565.

You must provide adult leaders to supervise your students during the retreat.

You must maintain at least a 1:5 adult to student ratio for Junior High / Middle School Retreats. You must maintain at least a 1:7 adult to student ratio for Senior High / High School Retreats. And

If you are bringing male students, you must have at least one male adult leader.

If you are brining female students, you must have at least one female adult leader.

FAQ:

Can I pay by check instead of Credit Card? How does that work?

Yes! But that requires registering your group by phone during business hours with a member from our registration team. 218-543-4565. Note your spots will not be secured until we receive that check. We recommend having the check in hand so you can mail immediately following that phone conversation. If that retreat fills, your group will be bumped from that retreat weekend, if payment is not received within 2-3 business days.

What if I have to adjust my numbers between registration and when the retreat occurs?

You can manage your numbers, male & female breakdown, adult leader numbers, etc. via your ultracamp account by logging in the same way your registered. Within less than 1 week of the retreat, you will have to adjust your numbers during business hours by talking to a member of our registration team (218)-543-4565.



Winter Rush Tentative Schedule 2019

FRIDAY EVENING

7:00 - 9:30 10:00 10:15 11:15 11:30 12:00	Check In - Entrance Activity – (Follow Road Signs Upon Arriving on Site) Orientation & SESSION 1 – (Worship & Speaker) Head Youth Leaders' Meeting — Point Chapel Entrance Doors (Welcome and Brief Orientation) LATE NIGHT SNACK In Cabins (Breakout Questions) Lights Out
SATURDAY	
7:30	Rising Bell
7:45-8:15	Breakfast (Free Time Sign-ups in Stoneridge Lobby)
8:30	Adult Leaders Meeting (Weekend Overview, Q&A)
8:30	TAG Time – Time Alone with God (Morning Devotions, Materials Provided)
9:00	Session 2- Chapel (Worship & Speaker)
10:15	Church Group Time-(Assigned Breakout Spaces, Questions Provided)
11:00	Morning Activity - BUILD YOUR BOXDSLEDS!
12:00-12:30	Lunch
1:30-5:00	Free Time Activities and Tournaments (All Camp)
5:00 - 5:30	Dinner
7:00	LET THE GAMES BEGIN! 0 BOX SLED COMPETITION
5:30	Supper @ Point Dining Hall
7:15	Evening Camp-Wide Game – Point Chapel
8:30	Session 3-Chapel (Worship & Speaker)
9:30	Church Group Time (Assigned Breakout Spaces, Questions Provided)
10:00 -10:30	Snack
10:00 - 11:30	Open Recreation Activities
12:00	In Cabins
12:15	Lights Out

SUNDAY

7:30	Rising Bell
7:45-8:15	Breakfast – Point Dining Hall
8:45	TAG Time – Time Alone with God (Morning Devotionals, Materials Provided)
9:00	Clean Up your Cabins, Pack Up, Load Luggage
9:45	Session 4-Chapel (Worship & Speaker)
11:30	Lunch
12:00	On the Road back home, See you at District Blitz!

Saturday Afternoon Activity Options (Activities Subject to Change based on Retreat Size and Weather)

Activity	Time	Location	Cost or Sign-up
Broomball Tourney	1:30 - 3:00	Ridgeline Park	Sign-Up/Stoneridge Lobby No later than 9:00 am Sat
Laser Tag	1:00, 1:30, 2:00, 2:30, 3:00, 3:30 4:00, 4:30	The Barn	None
Canteen	1:00-5:00	The Barn	Prices vary by item
Soda Fountain	1:00-5:00	The Barn	Prices vary by item
Camp Store	1:00-5:00	The Barn	Prices vary by item
Climbing	1:00-5:00	Timber Ridge	None
Bouldering Wall	1:00-5:00	The Barn	None
Crate Stacking	1:00, 2:00, 3:00, 4:00	Tall Timbers	Sign-up/Stoneridge Lobby
Tubing Hill	1:00-5:00 pm	Timber Ridge	None
Black Light Dodge Ball	1:00 5:00	Timber Ridge	None
Floor Hockey (Timber Ridge)	1:00-5:00	Timber Ridge	None
Floor Hockey (The Point)*	1:00 – 5:30 (Pickup game 4:30)	Rec Hall (The Point)*	None
Skateboard Park*	1:15 – 5:00	Timber Ridge*	None
Polar Plunge & Sauna	1:00- 5:00 pm	Lower Baths (The Point)*	Sign-Up/Stoneridge Lobby

^{*}Saturday Afternoon Camp Shuttle 1:00, 1:30, 2:00, 2:30, 3:00, 3:30, 4:00, 4:30, 5:00 (Shuttle leaves from the point lower parking lot)

The times listed above for sign-up activities is the time the activity <u>starts</u> at that event, i.e. If you signed up for 1:15 paintball, you need to catch the 1:00 shuttle.

Shuttle Stops: [Stoneridge], [Lower Point Parking Lot]

TROUT LAKE CAMPS CONTACT INFO

Phone Number: (218)-543-4565 Fax Number: (218)-543-7550 Email: <u>info@troutcamps.org</u>

WINTER RUSH

FRIDAY NIGHT CHECKLIST!

This checklist give all of the forms that need to be filled out and ready to turn in when you check in on Friday night.

All of the	he necessary forms can be found in the following pages of this toolkit.
	GROUP ROSTER Needs to be filled out with every attendee's name (students and adult leaders), and each attendee needs to be labelled as leader/camper and male/female.
	CAMPER & LEADER MEDICAL, MEDIA, & LIABILITY INFORMATION & RELEASE FORMS Needs to be filled out with every attendee's name (students and adult leaders), and each attendee needs to be labelled as leader/camper and male/female.
	LEADER SAFETY FORM We must have a copy of this form signed by you, the main group leader, acknowledging that all of your adult leaders have been approved by you to serve for the weekend.
	PAYMENT Via Credit Card when you registered via our website. PLEASE NOTE: If you are paying by check, only church or youth leaders' checks will be accepted. We cannot accept individual checks from families.
	CAR We ask that all groups keep at least one vehicle on site over the weekend in case any non-emergency or emergency situations requiring a vehicle for your group comes up.

GROUP ROSTER

This for must be completed & turned in at Check-In.

Group Name:	City/State:	
eader's Name: Total # in Group:		
Is this the first time this group has bee	n to Winter Rush at Trout? Circle: Yes / No	ı
Name (Campers & Leaders) *Please write legibly	Leader (L) or Camper (C)	
1.		
2.		
3.		
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22.		
23.		
24.		

^{*}If your group is larger than 24, make copies of the following page as necessary.

GROUP ROSTER

*CONTINUED

Name (Campers & Leaders) *Please write legibly	Leader (L) or Camper (C)	M/F



MEDICAL & LIABILITY RELEASE / STUDENTS

With the increasing sophistication of our hospital systems, we have found it necessary to have a signed parental release form in the unlikely event of a serious injury requiring hospital treatment for your child. This release gives us permission to take your child to the nearest available medical facility and have the necessary medical treatment administered. Many hospitals will not administer any medical attention to a minor without parental consent. Would you please read and sign the statement below. We understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the child will be taken during this conference. In case of emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Trout Lake Camps, our church leadership, or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for my child in the event that camp or church staff deems such treatment necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary.

I also absolve Converge North Central and Trout Lake Camps and/or church personnel from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Name of Child: Address: City/State/Zip: Print Parent/Guardian Name(s): Work Phone: Home Phone: Insurance Company: Policy Number: If Parent / Guardian are not available, please call person below: Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment: Signature of Parent / Guardian:	Church Name:					
City/State/Zip:	Name of Child:					
Print Parent/Guardian Name(s): Work Phone: Home Phone: Insurance Company: Policy Number: If Parent / Guardian are not available, please call person below: Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Address:					
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Work Phone: Home Phone: Home Phone: Insurance Company: Policy Number: If Parent / Guardian are not available, please call person below: Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	· · · · · · · · · · · · · · · · · · ·					
Home Phone: Insurance Company: Policy Number: If Parent / Guardian are not available, please call person below: Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:						
Insurance Company: Policy Number: If Parent / Guardian are not available, please call person below: Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Work Phone:					
Policy Number: If Parent / Guardian are not available, please call person below: Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Home Phone:				<u> </u>	
If Parent / Guardian are not available, please call person below: Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Insurance Company:					
Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Policy Number:		 			
Name: Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:						
Relationship to Student: Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	lf Parent / Guardian are not available, plea	ise call person be	ow:			
Phone #1: Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Name:					
Phone #2: May we administer over-the-counter-medications: (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Relationship to Student:					
May we administer over-the-counter-medications: Yes No (ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Phone #1:					
(ex: aspirin, Tylenol, Advil, antibiotic ointments, etc) Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter-medications, etc., which may be needed in treatment:	Phone #2:					
medications, etc., which may be needed in treatment:			Yes	No		
Signature of Parent / Guardian:			enicillin or	drug reaction	s, use of over-the-o	counter-
Signature of Parent / Guardian:						
Signature of Parent / Guardian:						
Signature of Parent / Guardian:						
		Signature	of Parent,	/ Guardian:		

Date:



MEDICAL & LIABILITY RELEASE / ADULT LEADERS

With the increasing sophistication of our hospital systems, we have found it necessary to have a signed medical release form in the unlikely event of a serious injury requiring hospital treatment where you are no able to give consent. This release gives us permission to take you to the nearest available medical facility and have the necessary medical treatment administered.

I understand and certify that my participation in Trout Lake Camps retreat, event, conference, or camp is completely voluntary and I have familiarized myself with camp's program and activities in which I will be participating in. I recognize that certain hazards and dangers are inherent in the Trout programs and particularly, but not limited to activities in the snow, water, football, dodgeball, paintball, floor hockey, high ropes course, climbing wall, crate stacking, and skate park. I acknowledge that although Trout has taken safety measures to minimize risk, Trout cannot guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize the importance of knowing and abiding by Trout rules, regulations, and procedures for the safety of camp participants.

I hereby give Trout Lake Camps, our church leadership, or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for my child in the event that camp or church staff deems such treatment necessary. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary.

I also absolve Converge North Central and Trout Lake Camps and/or it's staff personnel from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Church Name:		 			
My Name					
Address:		 			
City/State/Zip:					
Work Phone:	-				
Home Phone:	-	 			
Insurance Company:	-	 			
Policy Number:	-	 			
		Signature of Adı	ult:		
		J			
				Date:	

TROUT LAKE CAMPS

LEADER SAFETY FORM

One of Trout's main areas of concern is the safety of all of our guests and campers-whether emotional, physical, or spiritual. We ask that you, as your group's main leader, help us make Trout a safe place for campers to experience transformative life experiences by thoroughly screening your leaders.

By signing below, you acknowledge that you have assessed your group's adult leaders for this retreat and they have been approved to serve in youth ministry according to your church's safety practices, which may include an interview, training, reference checks, and/or a background check.

Group Leader's Name (Printed)	Group Name
Group Leader's Signature	Date

IMPORTANT REMINDERS

PERMISSION FORMS

We can only accept Trout Medical and Liability Release forms, not church or youth group permission forms. Every attendee must fill out their own individual Trout Medical and Liability Release form.

Anyone <u>over</u> 18 should complete an Adult Leader Medical and Liability Release Form (even if they are attending as a camper).

Anyone <u>under</u> 18 shuold complete a Camper Medical and Liability Release Form and must be signed by a legal parent or guardian.

PRANKS

Trout is not what we call a "Prank Camp". Pranks are a distraction from the program and take the focus away from the ministry that is happening. We are praying for changed lives and our simple request is that you help us in discouraging pranks amongst your group.

PACKING LIST

Dispense a packing list to your parents, students, and leaders at least one week prior to your event.

FOOD ALLERGIES

If anyone in your group (student of leader) has an allergy that limits what they can eat, they can get in touch with our Food Service Director Kristy Miller to work out suitable meals or to arrange if bringing their own prepared food. Group leaders and parents are allowed can contact her at kmiller@troutcamps.org or by phone at 218-543-7531.

Trout's canteen and snack areas have foods containing peanuts and tree nuts. We also cannot control what students bring with them to camp in weigh of personal snacks.

WINTER RUSH PACKING LIST



What to Bring:

- Bible
- Notebook
- Pen or Pencils
- Bedding pillow, blankets or sleeping bag, sheets (twin size)
- Toiletries, towel, pajamas, etc.
- Gym Shoes (For indoor activities)
- Closed-foot shoes (required for certain camp activities)
- Winter Coat, Winter Hat, gloves, Mittens/Gloves, Scarf, Winter Boots
- Casual clothing (It's a jeans and hoodie kind of weekend)
- Some activities will be outside, so bring warm clothing (and an extra set "just in case")
- Cash to purchase extra treats and camp souvenirs
- Completed Medical and Liability Release Form signed by legal parent or guardian
- Swimsuit, Towel, Extra pair of socks (For the Polar Plunge and Sauna)

What to Expect:

- -To be challenged to grow in your relationship with Christ!
- To meet new friends and grow closer to the ones you already have!
- To have lots of fun
- Connect with God through meaningful worship times
- To grow closer to your youth group
- To be exhausted at the end from a full, fun, and meaningful weekend

Items to Leave at Home:

- Expensive Electronics that can get damaged or stolen (Laptops, Tablets, Phones)
- Tobacco products, Alcohol products, illegal drugs, vaping products, fireworks, weapons, guns, etc. *Students who bring such items will be sent home mid-retreat at the expense of their parents.
- Dinosaurs (They eat too much!)
- Pets
- Bad Attitudes
- Personal Climbing Gear
 - *Our staff are only trained to manage our activity gear, not yours.