



Boulder Spring Retreat
April 11-12, 2025
Registration opens March 9th
\$25 per student

Trip Description:

This retreat gives students the chance to engage in several experiences designed to help them grow in their discipleship journey by digging deeper than we can on Sunday nights. This serves as a pre-mission trip service opportunity that gives Boulder students a taste of what a week long mission trip is like.

Frequently Asked Questions:

Who is this trip open to?

This event is open to students in grades 5 through 12.

What should I bring?

Please see the checklist below.

How do I pay?

The online registration process will accept credit/debit cards. We do have several scholarships available. Please contact us to request one, if needed.

What does the registration fee cover?

Room, board, transportation, and quality programs for the students.

Who can I contact if I have questions?

Gwen Johnson (gjohnson@fellowshipoffaith.org) is the point leader for this trip. The emergency number is (630) 290-1396.

What should I do if I have to back out at the last minute?

Please contact Gwen immediately.

Can I be dropped off late or leave early?

Ideally, no. However, we know that some scheduling is outside of your control and we may be able to accommodate if necessary. Be sure to touch base with Gwen.

Basic Trip Itinerary:

Friday, April 11th @ 5:30pm

Student drop off at Fellowship of Faith at 5:30pm for check-in.

Friday, April 11th – Saturday, April 12th

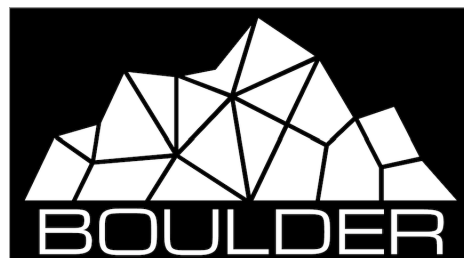
The “experience”. Students will be participating in several challenging activities, engaging in service opportunities, as well as experiencing personal reflection time all weekend long.

Saturday, Saturday April 12th @ 4:00pm

Please make arrangements for your student to be picked up from Fellowship of Faith by 4:00pm. If they are driving themselves home or not being picked up by an identifiable parent / guardian (going home with a friend), please let us know in advance.

Checklist of things to bring:

- _____ Boulder’s paperwork (see below)
- _____ Prescriptions with clearly written instructions in a zip top bag to be given to the leaders at drop off.
- _____ Sleeping Bag
- _____ Air Mattress
- _____ Pillow
- _____ Toothbrush
- _____ Toothpaste
- _____ Deodorant
- _____ Brush/comb
- _____ Clothes to play & get dirty in
- _____ Good walking shoes
- _____ Bible (as in a physical copy!)
- _____ Reusable water bottle



Code of Conduct

Failure to follow the code of conduct set out by the Boulder Leadership team will result in your student being sent home immediately. The parent/guardian will be called and required to come to Fellowship of Faith (6120 Mason Hill Rd. McHenry, IL 60050) to pick up their student immediately, regardless of hour. A student will be sent home for breaking any of the following rules.

1. Inappropriate actions, including those of a sexual nature.
2. Acts of violence or talk of violence towards anyone (including themselves).
3. Using or being caught with alcohol, tobacco, or any narcotic.
4. Leaving the grounds for any reason.
5. Using or being in possession of fireworks of any kind.
6. Intentional destruction or defacing of the church, camp, grounds, or other property.
7. Acts of defiance or disrespect towards any staff.

Parent/Guardian Commitment

I, _____, parent/guardian of _____ have read the Code of Conduct. I accept that if my student fails to follow the Code of Conduct I will be required to drive to Fellowship of Faith (6120 Mason Hill Rd. McHenry, IL 60050) to pick up my student regardless of hour.

Parent/Guardian Signature

Date

Student Commitment

I, _____, have read the Code of Conduct and List of things NOT to bring. I accept that if I fail to follow the Code of Conduct my parent/guardian will be required to drive to Fellowship of Faith (6120 Mason Hill Rd. McHenry, IL 60050) to pick me up regardless of hour. I pledge to honor Christ with my actions at this retreat.

Student Signature

Date

**Fellowship of Faith's Student Ministry
Minor Travel General Release and Hold Harmless Agreement**

Participant's Name: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Emergency Phone: _____

Contact: _____

Relationship to participant: _____

Specific activity: Boulder Spring Retreat 2025

I, _____, am the parent or legal guardian of the above-listed participant (a minor), who desires to participate in various programs, events, or activities operated or sponsored by Fellowship of Faith Lutheran Church, McHenry, IL. I understand and acknowledge that Fellowship of Faith will not allow my child to participate in any activities without releasing the holding Fellowship of Faith harmless from any liability arising out of participation in the activities. I have investigated the risk involved in my child's participation in the activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that my child may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death. I REQUEST THAT THE CHURCH ALLOW MY CHILD TO PARTICIPATE IN THE ACTIVITIES, AND IN CONSIDERATION THEREOF AGREE HEREBY TO RELEASE AND FOREVER DISCHARGE THE CHURCH, ITS OFFICERS AND DIRECTORS, AND ITS EMPLOYEES, AGENTS, AND ANY PARTIES VOLUNTEERING ON BEHALF OF FELLOWSHIP OF FAITH, FROM ALL ACTIONS, CAUSES OF ACTION, INJURIES, CLAIMS, DAMAGES, RANDOM DEMANDS, COST OR EXPENSES OF ANY KIND, GROWING OUT OF OR RELATED TO ANY SUCH ACTIVITIES IN WHICH THE CHILD PARTICIPATES. I UNDERSTAND THAT THIS IS A FULL AND COMPLETE RELEASE OF ALL INJURIES AND DAMAGES WHICH I OR THE CHILD MAY SUSTAIN AS A RESULT OF HIS/HER PARTICIPATION IN ANY OF THE ACTIVITIES, REGARDLESS OF THE SPECIFIC CAUSE THEREOF. I acknowledge and agree that I have given my consent for my child to remain in the custody of the Fellowship of Faith's representatives while participating in the activities whether on or off-site. This Agreement is binding on my child's, successors and personal representatives.

Initial _____

Medical Treatment Authorization and Power of Attorney

In the event my child suffers an injury or condition during his/her participation in the activities, including transportation to and from an activity, which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if medical treatment is delayed, and reasonable attempts to contact me or my spouse have been unsuccessful, I hereby appoint Fellowship of Faith's staff as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for my child concerning his/her personal care/medical treatment, hospitalization and health care. This power of attorney and delegation of authority will terminate when the agent is first able to contact me or my spouse.

Initial _____

Media Release

Regarding photographs of my child taken at any Fellowship of Faith events, I give Fellowship of Faith permission to do the following for nonprofit use and without charge: use at the discretion of Fellowship of Faith, display at a service or event or be used in a multimedia presentation, reprint and distribute for any Fellowship of Faith non-profit publication, display on the Fellowship of Faith website, or use quotes and video clips on the website or online social media.

Initial _____

The undersigned agrees to the above initialed sections and this agreement is binding on my heirs, successors and personal representatives.

(Print Full Name) Parent or Legal Guardian

Signature

Date