



St. Martin's Lutheran School

IN JESUS THE VICTORY IS WON!
"But thanks be to God! He gives us the victory
through our Lord Jesus Christ ..."
1 Corinthians 15:57

Dear Parents/Guardians and Students:

Tuesday, August 1, 2017

God's Peace in our Risen Lord! We are excited once again that the Confirmation/Outdoor Education retreat is being planned for your child. The attached packet of materials contains information pertinent to our Confirmation/Outdoor Education Event at Camp Omega (507-685-4266), Waterville, MN on Wednesday, September 13th - Friday, September 15th. The adult leadership, as per the time of this letter, for this retreat will include: Mr. Chris Jacobson (Teacher at St. Martin's), Miss Jennifer Erickson (teacher at St. Martin's), Mrs. Emily Anderson (Teacher at Silo), Mr. Rocky Sandcork (Hope LHS principal and Parent rep) and the Camp Omega Staff.

The above leadership team is asking that your child attend this retreat as part of the full confirmation experience as well as experience outdoor education. Through this retreat they will develop deeper spiritual roots as they continue to confirm their Christian faith in God's Word. They will also enjoy good Christian fellowship and just plain have fun around Jesus Christ and their peers.

This year's confirmation retreat theme is:

"Let us fix our eyes on Jesus, the author and perfecter of our faith..." Hebrews 12:2

The cost for this retreat, which includes all meals, overnight lodging, materials, professional retreat workers, and transportation, comes to **\$135 per person**. Any of you desiring to donate above and beyond that, would be greatly appreciated. Anyone needing assistance please contact Pastor Moore.

There will be a snack store, which consists of candy and soda. Prices for the snack store range from \$0.75 to \$5.00. Plan accordingly. T-shirts and other camp omega attire are also available.

Please read the attached materials carefully. A few new rules to take note of are: No cell phones allowed. The adults will have phones available if needed. Also any student having home-sickness, the parent/guardians will have to come and pick up the child from camp. The forms need to be completed, signed, and returned with your check (made to St. Martin's Confirmation Retreat) to Mr. Jacobson or the church/school office by **Friday, September 8th**.

If there are further questions, concerns, comments, idea's, and/or suggestions please contact the school office at 507-452-6928. Thank you.

In His Grace,
St. Martin's Lutheran School

2017 Confirmation/Outdoor Education Retreat
TENTATIVE Schedule:

WEDNESDAY, SEPTEMBER 13

			<i>Camp Omega Staff</i>
7:45	Pack up and Leave St. Martin's		
10:45	Arrive at Camp Omega		
10:45-11:00	Unload and unpack!	4:50-5:20	<i>A-B Thicket SM/S Staff</i> Below Zeta Campfire
11:00-11:10	Opening Devotion/Orientation Outdoor Worship Center <i>CO Staff</i> (If Rain-Lower Beta)		<i>C-D- T-Shirts CO Staff</i> Lower Beta
11:10-11:50	ABCD Hike: 4 groups Cover all of Camp- <i>SM/S Staff</i>	5:20-5:30	Personal clean-up
11:50-12:00	Clean up and prepare for lunch (Please be on time☺!)	5:30-6:00	Supper- Clean up <i>Group B</i>
12:00-12:30	Orientation and lunch Dinning Hall Lunch clean up <i>Group A</i>	6:10-6:40	<i>C-D Thicket</i> <i>A-B- T-Shirts</i>
12:30-12:45	Unpacking/ Reflection/Letter Writing/Journaling & Personal Prayer Time	6:50-8:00	Capture the flag
12:45-1:00	"Web of Yarn" Get to know your campers <i>SM/S Staff</i> <i>BB Courts</i>	8:10-8:20	Hike to devotions Point Campfire <i>SM/S Staff</i>
1:00-1:50	<i>A-B Archery- CO Staff</i> <i>C-D Canoeing-</i>	8:20-8:40	Devotions/Bible Study <i>CO Staff and</i> <i>SM/S Staff</i>
1:55-2:45	<i>C-D Archery- CO Staff</i> <i>A-B Canoeing-</i>	8:45-9:45	Romans/Disciples <i>SM/S Staff</i>
2:55-3:25	Canteen/Snacks – Beta <i>CO Staff</i>	9:50-10:00	Hike back to cabins
3:30-4:45	<i>ABCD Orienteering CO Staff</i>	10:05-10:20	Prayer Groups
		10:25-11:00	Reflection/Letter Writing/Journaling & Personal Prayer Time
		11:15	Lights Out!

THURSDAY, SEPTEMBER 14

7:40-7:55	Devotions/Bible Study- <i>SMLS</i> Lower Beta	2:45-3:15	Canteen/Snacks <i>CO Staff</i>
8:00-8:30	Breakfast- clean up <i>group C</i>	3:25-4:55	Dead or Alive <i>SM/S Staff</i> BB Courts
8:40-9:20	<i>ABCD</i> - Team Building BB Courts- <i>CO Staff</i>	5:00-6:20	Eagles eggs Soccer Field
9:30-10:45	<i>ABCD</i> Challenge Course BB Courts <i>SM/S & CO Staff</i>	6:30-7:20	Singing and Bible study <i>Hebrews 12:2</i> Zeta Campfire <i>CO Staff</i>
10:45-11:50	<i>ABCD</i> - Animal Tracks <i>CO Staff</i>	7:30-8:15	Supper Cook Out by Camp Fire
11:50-12:00	Reflection/Letter Writing/Journaling & Personal Prayer Time	8:15-9:00	<i>ABCD</i> Prayer Trail <i>SM/S Staff</i> (NO FLASHLIGHTS ON)
12:00-12:30	Lunch-clean up <i>group D</i>	9:00-9:15	Prayer Groups
12:40-1:40	Faith Building Lower Beta- <i>CO Staff</i>	9:20-10:00	Clean up and Reflection/Letter Writing/Journaling & Personal Prayer Time
1:50-2:30	Wilderness Survival Meet at BB courts <i>CO Staff</i>	10:15	Lights Out!
		-	

FRIDAY, SEPTEMBER 15

6:30-7:55	Early morning nature walk (look for deer)/Fishing- <i>SM/S Staff</i>	10:00-10:30	Clean up & Pack up
8:00-8:30	Breakfast- clean up group A-B	10:30-10:35	Group Picture at Crosses
8:40-9:00	Devotions/Bible Study: <i>Silo</i>	10:40	Depart Camp Omega
9:15-9:55	Water Balloon Volleyball/Tug o War Volleyball Court <i>SM/S Staff</i>	12:50	
		1:30	Arrive at St. Martin's

SCHEDULE SUBJECT TO CHANGE!!!

CAMP GUIDELINES

1. Obey all instructions of the leaders.
2. **No eating or drinking in the cabins.** Canteen will be limited to 1 drink and 2 snacks per camper
3. Clean cabins, put away personal belongings, and make bed each morning before the day's first instruction period.
4. Stay with group in projects under the supervision of a leader; not wander away in the woods alone and risk being lost or hurt.
5. Practice safety in avoiding running down uneven slopes; always walk in camp, do not run unless in a planned activity. Report all accidents, injuries, or illness to a leader immediately.
6. Come into the dinning room quietly, be seated at a table and wait for prayer and instructions before eating.
7. Go to bed at the time designated and do not disturb you neighbor.
8. Take care of personal hygiene for personal health and cleanliness. Brush teeth, take daily shower, and keep you clothes and hair neat and clean.
9. Do not litter! All soda bottles remain at the Canteen- all paper and trash placed in paper receptacles.
10. No rock throwing at any place or at any time. No writing or carving on wall, woodwork, trees, etc.
11. Conduct in a Christian manner all dealings with fellow student-campers, camp officials, and teachers.
12. **No radios, Cell Phones, CD players, TV, or I pods allowed or other electronics/games. (This includes the transportation to and from Camp)**
13. No animal pets (i.e. frogs, turtles, insects etc.) allowed.

I promise to abide by these guidelines at all times.

Signed _____ Date _____
Student signature

I understand that any major or repeated infraction of the rules in which the child displays an unwillingness to cooperate with teachers, chaperones, and/or camp officials will result in my child being sent home from the camp at my expense.

Signed _____ Date _____
Parent/Guardian signature

PARENT/GUARDIAN AUTHORIZATION TO ADMINISTER MEDICATION

PLEASE ADMINISTER THE FOLLOWING MEDICATION TO:

Name of child	
_____	_____
Name of medication	Rx number
_____	_____
Prescribing Physician	Continue until

Dosage	

When to give	
_____	_____
Parent/Guardian Signature	Date

MEDICINE MUST BE IN THE ORIGINAL CONTAINER WITH THE CHILD'S NAME CLEARLY WRITTEN ON THE CONTAINER

TO BE COMPLETED BY AN ADULT UPON ADMINISTRATION

AMOUNT	TIME	DATE	INITIALS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUPPLY LIST

Sleeping bag or set of bed linens and **pillow**.

Recommended Items for health and cleanliness:

_____ towels/wash cloth _____ tooth paste
_____ soap _____ comb/brush
_____ toothbrush _____ plastic bag for dirty clothes
_____ deodorant

Clothing:

_____ socks _____ rain gear
_____ pajamas _____ sweatshirt/coats
_____ change of jeans/shorts _____ shirts
_____ underwear
_____ tennis shoes/hiking boots (at least two pair- they will get very dirty)

Miscellaneous:

_____ white t-shirt (to paint on) _____ Money for Canteen
_____ flashlight _____ Water Bottle
_____ camera _____ binoculars(Optional)
_____ insect repellent _____ books on nature topics (Optional)
_____ watch _____ journal/paper/clipboard/Pen/Pencil (Optional)
_____ Sun Screen

BE SURE ALL ITEMS ARE MARKED WITH YOUR CHILD'S NAME

Please do not go to any unreasonable expense if there is something else that can be substituted.

PLEASE FILL THIS OUT – THIS WILL BE WITH THE CHAPERONES AT CAMP OMEGA:

STUDENT INFORMATION:

Students Name _____ Phone _____ Birthdate _____ Sex _____ Age _____

Home Address _____
Street _____ City _____ State _____ Zip _____

Parent/Guardian Name _____ Business Phone _____

Parent/Guardian Name _____ Business Phone _____

EMERGENCY CONTACT:

Names of responsible adult who will assume responsibility for the child if the parents can not be reached:

Name _____ Phone _____

Home Address _____
Street _____ City _____ State _____ Zip _____

Name _____ Phone _____

Home Address _____
Street _____ City _____ State _____ Zip _____

HEALTH INFORMATION: (please write "none" if applicable)

Family Physician _____ Phone _____

Dentist _____ Phone _____

Medical Insurance Company _____ Group or Contract ID # _____

Any Medications taken (please list) _____

Allergies _____

Restrictions _____

Explain any activity restrictions or limitations _____

General Questions (explain "yes" below)

YES NO

- | | | |
|--|--------------------------|--------------------------|
| ➤ Recent Injury or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Chronic or recurring illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ If female, have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Have a history of bed-wetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers: _____

Please check to give permission for pain reliever to be administered to my child if needed. I request that my child be given pain reliever as indicated below, to be administered to my child.

- YES NO Aspirin Tylenol Ibuprophen

Parent/Guardian Signature _____ Date _____

IMPORTANT! This must be completed for attendance!

The information on this registration/health form is correct and the person herein described has permission to engage in all prescribed camp activities except as noted. I request that my child be allowed to attend the Outdoor Education/Confirmation Retreat and pray for its success. If you and the above physician cannot be reached in an emergency and if in the judgement of the camp authorities immediate medical and or hospital attention is indicated, I authorize responsible authorities to take my child properly accompanied to an available hospital or physician. I understand that Camp Omega officials and St. Martin's Staff/Chaperones, jointly or singly, cannot be held responsible for any condition or accident arising during or after the camp period.

Parent/Guardian Signature _____ Date _____