



WHAT TO BRING

Members of J:OLT will spend the weekend of October 6-8, at the Silver Lake Conference Center in Sharon, CT.

Activities for the weekend include using a low and high ropes course, under the supervision of certified facilitators. Page 3 of this document is a waiver form that needs to be printed out and signed for each participant.

We will also be playing field games, during the day and at night. It's gets cool in October, especially at night. Be sure to pack appropriately. It is important that you pack everything on the packing list.

The camp's lodge has bunk beds and mattresses. Everybody needs to bring a sleeping bag or sheets and a blanket. There are heaters and showers in the lodge. There are separate male and female sleeping areas.

Participants will meet at the Carriage House at 7:00 Friday evening. Please don't be late. Eat dinner before you come. There will be snacks Friday night, but the first meal is Saturday morning.

This is a retreat from all of the craziness, drama, and distractions of everyday life. We intend to use the time for group bonding and faith exploration. Therefore, it is understood that participants will leave their cell phones at home.

The camp does not have dependable cell coverage. If you need to reach the group because of an emergency at home, use the camp numbers on this form.

We will return by 9:00 Sunday evening.

- Bible
- Waiver Form on Page 3 of this Document
- 3 Complete Changes of Clothes
 - prepare for both warm and cool weather
- 2 Extra Pairs of Socks / Underwear
- Sweatshirt / Jacket
- Indoor Shoes / Slippers
- Sneakers or Hikers / Boots
- Rain Gear
- Sleeping Bag* or Sheets and Blankets
- Pillow* *pack inside a garbage bag
- Pajamas / Sleeping Attire
- Flashlight
- Water Bottle
- 2 Bath Towels, Washcloth
- Shampoo and Soap
- Deodorant
- Toothbrush and Toothpaste
- Comb / Brush
- Contact Lens Solution
- Personal Care Items
- Tissues
- Medications ← *must be turned in*
- All prescription medications must be turned in with the completed *prescription medication form* (on page 2 of this document).**
- Completed *Prescription Medication Form*

DO NOT BRING

- Cell Phone
- Matches/Lighter
- Pocket Knife
- A Bunch of Extra Food

Emergency Phone Numbers

Camp Kitchen: 860.364.4330
Our Cabin: 860.364.4327

Keep this Page...Turn In the Next Page if You Will Have Medications



Prescription Medication Form

Event Date(s): _____

Participant's Information

ONE PARTICIPANT PER FORM

Name: _____

Please List All Prescription Medications You Will Need During This Event

(use the back if more space is needed)

Name of Medication	Potency	Dosage Instructions
1.		
2.		
3.		
4.		
5.		

- 1. All prescription medications that are needed during this event must be turned in in their original containers. (Users of inhalers and EpiPens can carry their medication, but the event coordinator must be notified via this form.)
- 2. All medication containers are to be placed in a zipper-lock plastic bag, labeled with the participant's name.
- 3. This completed information form must accompany the medication.

Parent/Guardian Signature(s): _____ Date: _____

Silver Lake Conference Center
A Ministry of the Connecticut Conference of the United Church of Christ
PLEASE BRING WITH YOU ON CHECK-IN DAY

Informed Consent for Challenge Ropes Course

Risks	Prevention	Solution/Treatment
1. Getting hit by a falling object.	Be alert. Look up before walking near or under course. Wear a helmet.	Inform Staff of injuries for assistance.
2. Hair, clothing, or jewelry getting caught in pulleys or other parts of the challenge course.	Have long hair tied back. Remove rings, dangling earrings, watches, etc., and wear proper clothing, (i.e., avoid loose sleeves.)	If caught, remain calm and ask Staff for assistance.
3. Injuries or discomfort caused by improper wearing of harness.	Tie harness as secure as possible and check for any loosening throughout the day. Have tied harness checked by two different Staff members.	If you have any questions or doubts, ask Staff for assistance.
4. Scrapes and cuts.	Climb within abilities. Wear proper clothing.	Inform Staff of any injuries.
5. Death or serious injury.	Wear proper safety gear. Check to see if carabiners are secure. Make sure belayer is ready BEFORE you climb.	Inform Staff of any injuries.

I have read and understand the risks listed above and how to avoid them and agree to take an active part to protect myself and my fellow participants during this activity. I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the Staff of any dangers known to me that may cause injury to myself or others.

Furthermore, I agree to respect the rights and feelings of the other participants and staff and to act in a supportive and caring manner during my participation of this event.

I understand that I should do nothing that may harm the environment or destroy its natural beauty, so that anyone that follows me may enjoy what nature can provide.

I understand that I have the right to not participate if I don't feel physically or emotionally safe.

I have read all of this Informed Consent and understand that I may be dismissed from participation for refusing to follow any of the above.

Signed _____ Date _____

Signature of parent/guardian (if under 18)

Please Print:

Name _____ Phone () _____

Address _____

_____ Age _____