# Middle School FALL RETREAT 2025!!!

Oct. 31 - Nov. 1

I'm excited to announce our middle school fall retreat to you this year! A weekend away can be a significant moment in a student's life- a time to get away, be refreshed, have fun with friends, and refocus on Jesus. This info packet includes all the details of what to expect and how to prepare your student(s) for this retreat. Please feel free to reach out to me with any questions or concerns. You can reach me via email or phone.

-Drew 262-384-3533 drew@crosspointwi.com

Details:

Cost: \$170 Registration Deadline & \$50 Deposit Due: Friday, Oct. 17

Depart from and Return to Crosspoint: W380N6931 N. Lake Road, Oconomowoc, WI 53066

Depart: Friday, Oct. 31 at 4:00pm Return: Sunday, Nov. 2 at 3:00pm

Where: Silver Birch Ranch- N6120 Sawyer Lake Rd, White Lake, WI 54491

- Check out their website here: <a href="https://www.silverbirchranch.org/">https://www.silverbirchranch.org/</a>

#### What to expect:

- Transportation
- Two nights onsite with 4 meals
- 4 chapel sessions with speaker, Scott Wakeley, and a worship band
- Choose-your-own breakout sessions
- Games, Airsoft, Free Time, Hot Chocolate, Dodgeball Tourney, and more!!!

#### How to Register:

- 1. Sign up by clicking <u>HERE</u> and submit a deposit to save your spot.
- 2. Fill out and submit the health form and waiver (included in this packet).



# Sample Schedule

# **Friday**

4:00pm Depart from Crosspoint 8:00pm Arrive & Check in 8:30pm Evening Session 10:00pm Free Time 11:30pm Lights Out

## Saturday

8:00am Breakfast 9:00am Morning Session 10:30am Breakout Sessions 11:15am Free Time 12:00pm Lunch
1:00pm Free Time
5:00pm Supper

6:00pm Evening Session 8:00pm Night Game 11:30pm Lights Out

## Sunday

8:00am Morning Session 9:00 Brunch 10:00am Check out & head home 3:00pm Arrive at Crosspoint

## Packing List

- Bedding and a towel
- Toiletries and medication
- Hat, gloves, jacket/hoodie
- Shoes and warm clothes for outdoor activities
- Shoes for the gym
- Bible, notebook, pen
- Spending money for the Canteen
- Flashlight
- Water bottle and snacks (optional)
- Money for lunch on the way home

#### Activities

- Climbing Wall
- Zip Line
- Airsoft\*
- Gaga ball
- Basketball
- Tetherball
- 9-square
- Volleyball
- Disc Golf
- Carpet Ball
- Ping Pong

#### Financial Assistance

Getting away on a retreat weekend can be so beneficial to a student's life. The fun atmosphere, time with friends, and moments of reflection are combined on a retreat weekend leading to an opportunity for significant growth- and we don't want anyone to miss out. If the cost of the retreat proves to be a challenge for your family due to financial obstacles or even if you have multiple students who want to go, please fill out this form to apply for a scholarship, or use the QR code above and click "Apply for Scholarship."

# **CROSSPOINT COMMUNITY CHURCH**

# **MEDICAL RELEASE & PERMISSION FORM**

EFFECTIVE SEPTEMBER 2025 - AUGUST 2026

## STUDENT INFORMATION:

| Name: First MI   | Last                       |  |  |  |  |  |
|--|----------------------------|--|--|--|--|--|
| DOB/ Gender Grade _  | School                     |  |  |  |  |  |
| Address  |                            |  |  |  |  |  |
| City   | _ State Zip                |  |  |  |  |  |
| Contact Number Ema   | ail                        |  |  |  |  |  |
| PARENT/GUARDIAN INFORMATION:   |                            |  |  |  |  |  |
| Mother's Name  | Contact Number             |  |  |  |  |  |
| Father's Name  | Contact Number             |  |  |  |  |  |
| Medical Insurance Company  | Policy Number              |  |  |  |  |  |
| Group Number   | Policy holder              |  |  |  |  |  |
| MEDICAL HISTORY:   |                            |  |  |  |  |  |
| Please list any allergies your student may have?   |                            |  |  |  |  |  |
| Does your student suffer from any medical illnesses you feel we need to be aware of? Please list |                            |  |  |  |  |  |
| Date of last tetanus shot:   |                            |  |  |  |  |  |
| Should your student's activities be restricted for an  | ny reason? Please explain: |  |  |  |  |  |
|  |                            |  |  |  |  |  |
| Additional Comments:   |                            |  |  |  |  |  |
|  |                            |  |  |  |  |  |

#### **Rules of Conduct**

For your information, we expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs or tobacco

No fighting, weapons, fireworks, lighters or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Respect property

Student Signature:

Respect one another, staff and leaders

Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense and inconvenience.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in the activities and ministries organized by Crosspoint Community Church. I agree to abide by any limitations listed above and to abide by the rules of conduct.

| Date: |  |  |  |  |
|-------|--|--|--|--|
|       |  |  |  |  |

In the event of an accident or medical emergency, we will attempt to contact you immediately. In the event that we cannot contact you, this consent form gives us permission to seek medical attention as deemed necessary, and releases Crosspoint Community Church, its volunteers and staff from liability that might result.

I have legal custody of the student named above, a minor, and give our consent for them to attend events being organized by Crosspoint Community Church. I understand that there are inherent risks involved in any ministry event and I hereby release Crosspoint Community Church employees and volunteers from liability for any injury, loss, or damage to person or property that may occur during the course of these events. I hereby give my permission to Crosspoint to transport my child in the event of a medical emergency and to consent to any reasonable medical treatment as deemed necessary by a licensed medical provider, including hospitalization, X-rays, tests, treatments, anesthetic, medical or surgical diagnosis or treatment or transportation to another medical facility. I acknowledge that I will be ultimately responsible for the cost of any medical care not covered by insurance. I agree to bring my child home at my expense should they become ill or if deemed necessary by the student ministries staff member.

| Parent / Guardian Signature: |  |  |
|------------------------------|--|--|
| Date:                        |  |  |