

Cedarbrook Church
Menomonee WI
Student Ministry Accountability Statement

Because we love our students, youth leaders, and the church, this code of conduct is designed to encourage each other to live out Godly behavior while at church events and also in our daily lives.

Because we value...	Our expectation is...	Our response will be...
1) Safety, Sobriety, and adherence to the law!	*No tobacco, alcohol, or illegal drugs *No weapons of any kind *Vandalism of property will be replaced at student's expense	The consequence for breaking value #1 or #2 will be the student being sent home immediately, and at own expense!
2) Privacy and Purity	* No guys in girls sleeping areas, and vice versa. No Exceptions!	<p>For the Rest of the Values there will be a 3 Strike Policy!</p> <p>Strike 1- Have a "Heart to Heart with the Youth Pastor or trip leader".</p> <p>Strike 2- Student and Youth Pastor will call home and discuss with Parents.</p> <p>Strike 3- Student is sent home at own expense!</p>
3) Modesty	*Girls- one piece swimsuit or tankini that covers all abdomen. *Guys- No SPEEDOS * modest clothing that is suited for activity.	
4) Group Unity	* no leaving camp/ event without youth pastor or leaders approval. * no personal electronic devises, no cell phones, ipods, game players, Etc... <u>If they come they will be taken from you, and returned when we return to the church for a \$10 donation to the ministry!</u> * full participation is expected at all events, even breakfast! * Gossip, swearing, and hurtful talk is not permitted. If it is not true, necessary, or kind, do not say it!	
5) Modesty and Purity	* No boys and Girls sitting together after dark, and NO PDA (PURPLE) at any time	
6) Respect and Order	* Leaders Authority is to be respected at all times. The Youth Pastor or trip leaders have final discretion on all questionable matters. * Students must honor and respect the building or space we are occupying! <u>Leave it better than you found it!</u>	

Student: I have read and understand the Student Ministry Accountability Statement and agree to live by these values and expectations!

Signature: _____ Date: _____

Parents: I have read and understand the student ministry Accountability Statement and agree to help hold my student accountable to these values and expectations!

Signature: _____ Date: _____



February 24-26 2017



YOU DON'T WANT TO MISS THIS WEEKEND!!



Early Bird Special!!

Before January 31st: \$70

February 1st-15th: \$80

February 16th-22nd: \$90



Price includes lodging, meals, transportation, activities, speaker etc.

Scholarships available

Questions? Contact Pastor Kyle 715-231-5433 or kyle@cedarbrookchurch.net



JOIN US February 24-26 for a weekend you won't forget! It will be packed full of Biblical Messages, a Guest Speaker, Worship, Broomball, Tubing, Breakout Events and MUCH MORE! Take time away from your everyday activities to build relationships with each other and with God.



**Minor Participation Authorization
and Consent to Emergency
Medical Treatment Form**



I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the "minor child").

I hereby give my consent to have my minor child participate in the following activity of Cedarbrook Church: **IGNITE WINTER RETREAT** (hereafter "the activity") on or about **Feb 24-26**, 20**17**.

I recognize that there are risks involved in participating in this activity and hereby assume all risk of injury, harm, damage, or death to my minor child in connection with his/her participation in this activity.

To the fullest extent permitted by law, I release Cedarbrook Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Cedarbrook Church, its trustees, officers, directors, employees, agents and representatives from any claims arising out of my minor child's participation in the activity.

Further, being the parent or legal guardian of the minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child. Any insurance policy of the church or organization sponsoring this event will be used as the secondary coverage.

Executed this _____ day of _____, 20__.

Signature _____

Printed Name _____

Witness: _____

Witness: _____

PACKING LIST

Clothes for 3 days

Boots, hat, gloves, outdoor gear

We WILL be outside! PLEASE have the appropriate gear!

Pillow, Sleeping bag, toiletries, towel and shower supplies.

Bible, Notebook, Pen

Girls: Sweet Snack to Share/Boys: Salty Snack to Share

NO Cell Phones or Bad Attitudes

