

D:Now Weekend

We are excited about our upcoming D:Now weekend that is quickly approaching on April 21-23. A D:Now or Disciple Now weekend is a retreat like event for our students where we stay locally in homes throughout the weekend and meet a various times as a large group for worship and activities. The purpose of the weekend is to provide intentional means for our students to connect in a small group context with the students of the same age and gender during the night times in the host homes they stay in as well as provide opportunities for our students to enjoy worship and activities together on Saturday as a larger group.

Theme: Our theme for the weekend is Seek/Find. In life everyone is searching for something and in the searching we hope to find some level of fulfillment. Many of our students are looking for something. It could be an answer to a spiritual question that has been keeping them from fully committing to Christ. They could also be searching for hope, peace, love, friendship or acceptance but are looking in the wrong places, in the wrong things or wrong people to find that fulfillment. We know and believe that true fulfillment doesn't come in anything other than Christ. We hope that through this weekend that students will be able to experience the fulfillment Christ offers to us and be able to connect with one another through small groups and our large gatherings.

When: We will begin with dinner and a worship service on April 21st here at the church beginning at 5:30 pm. We will have check-in at the coffee bar area where students may pay if they have not already and be able to turn in their medical form (which is attached below). We will conclude the weekend by attending worship at River Oaks on Sunday Morning. You may pick up your student after the 11:00 service.

Where: We will begin and end at the church for the weekend. Friday evening after check in we will have dinner at the church and a worship service following. After worship we will load up the vans to take the students to their local host homes. For those who may not be able to make it at 5 please contact corey@riveroakschurch.org and let me know so that I can coordinate with you on a drop off location either here at the church or at the local host home your student will be staying. When students are dropped off and go through check in, parents will get the names and address of the host family as well as contact info for them as well as the additional adult leader who will be staying with your student in case of an emergency. Our students will stay in host homes with other students of their same grade and gender.

Emergency Contacts: Corey Mitchell (336) 391-9792 or Brian Edmonds (336) 682-3937

Cost: The cost of the weekend is \$50 per student that will cover meals, transportation, t-shirt, workbook and our Saturday activities. Be sure to fill out the online registration form and pay through check or online through the MyRiverOaks online payment portal. We do not want any student not to attend because of finances. We also understand that many families have multiple students in youth so please email us if you are in need of a scholarship form.

Tentative Schedule:

Friday, April 21

5:30 pm – Meet at church/Check In

6:00 pm – Dinner

7:00 pm – Worship Session 1

9:00 pm – Depart for Host Homes

9:30 pm – Small Group Time

Saturday, April 22

8:00 am – Breakfast at Host Homes

8:30 am – Quiet Time/Devotions

9:00 am – Small Group Time

10:30 am – Worship Session 2

12:30 pm – Lunch at the church

1:30 pm – Activities

5:00 pm – Dinner

6:00 pm – Worship Session 3 at the River.

****Tentative worship on the Yadkin River in Lewisville****

8:00 pm – Depart for Host Homes

9:00 pm – Small Group Time

Sunday, April 23

7:30 am – Breakfast at Host Homes

8:15 am – Quiet Time/Devotions

Morning worship at River Oaks (Parents may pick up students after the 11:00 service at the church)

****No Youth/Small Groups Sunday Night**

What To Bring:

Packing List – Bring only one suitcase. Please label all belongings.

Clothing: April weather can be crazy. Check the weather the week of for pants or shorts, short sleeve or long sleeve shirts and whether a jacket is needed.

___ Sturdy shoes or tennis shoes for outdoor activities & socks

___ Jeans or long pants

___ Shirts - Bring long *and* short-sleeved shirts (check the weather and make sure you pack accordingly)

___ Sleepwear – modest please, no spaghetti-strap tops

___ Medium-weight jacket, gloves, hat (it may get cold)

___ Underclothing (socks, underwear, t-shirts)

Miscellaneous:

___ Bible, notebook or journal, and something to write with

___ Flashlight

___ Personal toiletries (toothpaste, toothbrush, soap, shampoo, deodorant)

___ Medication taken regularly in their original containers (must be given to youth leader at drop off)

___ Extra pair of glasses or contacts if you wear them

___ Plastic trash bag for dirty clothes

___ Snacks for personal use

___ Towel and washcloth

___ Air Mattress

___ Twin size bed sheets and blanket or sleeping bag, pillow

___ Bring a 2-liter soda and a snack to share (these will go to your host homes to be shared)

What Not To Bring:

NO CELL PHONES.

No tobacco, alcohol, or drugs.

No pocketknives, sharp objects, or weapons.

No iPods or music players of any kind.

No hand-held electronic games.

No expensive jewelry or clothing.

No shirts with offensive language or graphics (promoting alcohol, tobacco, etc).

No tank tops; no tight shirts; no low cut shirts; no spaghetti-strap tops.

No boxers or underwear showing.

River Oaks Community Church
Medical Information and Consent Form

Please include a copy of your insurance card

Participant's Full Name _____ Nickname: _____

Home Address: _____ City: _____ State: _____

Home Phone: (____) _____ Age: _____ DOB: _____

T-Shirt Size _____ Health Problems: _____

Daily Medicines: _____

Medicine Allergies: _____

Food Allergies: _____

Bee Sting or Other Allergies: _____

Date of Last Tetanus Shot: _____

Does the Participant have any of the following: (Please circle Yes or No)

Diabetes: Yes No

Asthma: Yes No

Seizures: Yes No

Heart or BP Problems: Yes No

Insulin: Yes No

Inhalers: Yes No

Epi-Kit: Yes No

Nebulizer Machine: Yes No

(Note: If the participant ever needs an Inhaler, Neb Machine, Epi-Kit or Glucose Monitoring kit, it MUST be brought on this trip)

Responsible Party Name: _____ Relationship: _____

Home #: (____) _____ Work #: (____) _____

Cell #: (____) _____

Other Emergency Contact Name: _____ Phone: (____) _____

Health Insurance: _____ Policy Number: _____

Doctor's Name: _____

Doctor's Phone: (____) _____

The above named participant _____ has my permission to attend the River Oaks Community Church Youth Fall Retreat to Camp Hanes from October 7 to 9, 2016. I hereby release River Oaks Community Church, its employees, the Adult Chaperones and Camp Hanes from all liability should any injury occur on this trip, including transportation to and from the camp.

Please sign: _____

I give my permission for the Adult Chaperones to administer minor first aid and treatment should the need arise. This may include the use of over-the-counter medicines, such as: Tylenol/Advil for minor fever, aches and pains; Sudafed for congestion; Benadryl for allergies and/or rashes; Robitussin DM and/or cough drops for coughs; Dramamine for motion sickness or nausea; Visine eye drops for eye redness and irritation; or anti-diarrhea medicine for diarrhea. I have crossed out any medicines that I do not want given to the participant.

Please sign: _____

I also give my permission for the Adult Chaperones to use their judgment should the participant need urgent medical care. I expect the Adult Chaperones to attempt to contact me before the participant is taken to an Urgent Care Facility or Emergency Department, unless there is a life threatening situation, then I expect to be contacted as soon as possible. I hereby authorize the Adult Chaperone to sign for the above named participant's medical treatment should the need arise. I understand that I am ultimately responsible for all medical expenses incurred.

Please sign: _____

I am sending prescription medicines (if any) for an Adult Chaperone to administer to the participant. I am also sending non-prescription medicines (if any) that the participant may need. I am sending all medicines in their original containers that are clearly labeled with the participant's name, and how often the medicine is to be given. All medicine containers are in a zip lock bag that is labeled with the participant's name. I acknowledge that all medicines are to be in the care of an Adult Chaperone for dispensing to the participant. I have instructed the participant not to take any medications without the consent and under the direction of an Adult Chaperone.

Please sign: _____

I hereby grant and assign to River Oaks Community Church permission to use pictures/video of my child in any and all media, including electronic usage, and printed products, for the purposes of recapping the trip and promotional material of future ROCC youth trips, or to decorate our youth spaces with memories of our trip, which may include my child.

Please initial: _____

I agree with the above, and hereby give my consent for this trip.

Responsible Party Signature: _____ **Date:** _____

Medication Release Form

(Complete only if you are sending medications for us to administer)

Student's Name: _____ DOB: _____

"I am sending my child's prescription medicines (if any) for the Adult Chaperone to administer to my child. I am also sending non-prescription medicines (if any) that my child may need. I am sending all medicines in their original containers that are clearly labeled with the child's name, and how often the medicine is to be given. All medicine containers are in a zip lock bag that is labeled with my child's name. I acknowledge that all medicines are to be in the care of an Adult Chaperone for dispensing to my child." (Quoted from ROCC Medical Release Form)

Please list prescription medications, dosage, and administration instructions below.

All medications (prescription or otherwise) must be in the care of the church designated adult chaperone, _____ and will be returned to the student's parents upon arrival home from the trip.

Medication will be given based on instructions below.

Medication	Dose	Time/Frequency of Administration

Parent/Guardian Signature: _____ Date: _____