

School of Truth for Florida 2015

Our Savior God desires all men (Young People) to be saved and to come to the full knowledge of the truth -- 1 Timothy 2:4

Young people must have *completed* 6th grade and have permission from their local church. Each young person should be familiar with the following regulations:

DRESS STANDARD

Clothing worn should be proper and modest. No improper pictures, logos or symbols on clothing is allowed. No revealing tops or tops that expose the midriff back or have low necklines. No exposing of underwear.

Brothers

- Button-up shirts with collars and sleeves—no sleeveless shirts or tank tops.
- Long pants: no shorts, jeans, or baggy pants. Pants must be worn at the waistline with a belt.
- Dress or tennis shoes. No slip-ons, flip-flops or sandals.
- Socks must be worn.
- Modest sleepwear or pajamas

Sisters

- Blouses with modest necklines and sleeves—no sleeveless blouses or tank tops.
- Skirts or dresses (below the knees in length and shoulders covered).
- Dress shoes, sandals or tennis shoes. No open-toed sandals or flip-flops.
- Modest sleepwear or pajamas

Recreation: Loose-fitting t-shirts with sleeves and modest shorts may be worn. Bring a swimsuit and towel for the pool.

WHAT TO BRING

- Bible (with Old Testament if possible) *and* Lesson Book 6: THE BIBLE
- Pens, pencils, highlighters and paper.
- Sleeping bag or bedding, towels, pillow, soap, shampoo, toothpaste, etc.
- Swimsuit and towel for the pool. For water sports, bring a hat, sunscreen and water-shoes.

DO NOT BRING

- Mobile phones, smart phones, tablets or any other electronic devices.
- Cards, candy or gum.
- Knives or other dangerous items.
- No perfume or cologne, due to allergies.

Special note: *We have had young people misplace items and think others have stolen them, so do not bring jewelry, valuables, or cash except for travel meals.*

The Truth School atmosphere is full of the enjoyment of Christ, but it is not a church conference – it has rules and regulations that you must obey. Most young people don't complain about the strictness and are really sad when the school is over. It is very rare for someone to be sent home – if someone is willfully disobedient, that is a last resort.

2015 Florida School of Truth

Agreement Form

I agree to consecrate myself to the Lord and also to the Truth School and to accept all rules, regulations and arrangements established by the Truth School. I choose to abide by all these conditions and desire to submit myself to the Truth School.

Because I desire to have a life that fulfills God's purpose, I want to attend the 2015 Summer School of Truth, so:

1. I have consecrated myself to the Lord for this time.
2. I submit myself to those conducting the summer school and to its regulations.

I have read the regulations for the 2015 Summer School of Truth. I desire to be a vessel which can be useful to the Lord, and I willingly submit myself to those conducting the Summer School of Truth and to all its regulations.

Please check if you can play ___ or bring ___ a guitar.

Student's Signature: _____ Date: _____

Student's Name Printed: _____

Parent's Signature: _____ Date: _____

Parent's Name Printed: _____

KAYAK SAFETY FORM

For your safety, read this form. You must sign this form to kayak. Any guest under 18 yrs. of age must have a parent/guardian signature.

SAFETY GUIDELINES

1. All participants must be able to swim.
2. Life vests must be worn at all times by all persons kayaking.
3. No heavy horseplay – ramming kayaks together, striking paddles against each other or kayaks, towing kayaks, etc.
4. An adult must chaperone any young people using kayaks.
5. The ratio of 1 adult to 5 young people is essential.
6. Secure personal belongings. Loss of personal belongings while on the river is not the responsibility of the camp.
7. Be aware of weather conditions. At the first sign of bad weather, head back to camp.
8. Do not DRAG kayaks on the ground.
9. When you are done kayaking, please lock all equipment back up in the kayak shack.

ACKNOWLEDGEMENT OF RISKS – ACCEPTANCE OF RESPONSIBILITY

I realize that there is an element of risk in any activity associated with the water. Knowing this, I certify that I am capable of participation. I agree to obey all rules and have had a briefing session. I agree to pay for all costs for loss or damage to equipment rented.

I hereby authorize the use and reproduction by Riverside Retreat and/or the Florida United Methodist Conference of any photographs, videotape and sound recordings taken of me during this program for media and marketing use. (*circle if NO*) NO

YOUR SIGNATURE VERIFIES THAT YOU HAVE READ, UNDERSTOOD AND ACCEPTED THE TERMS AND CONDITIONS STATED, AND THAT THIS AGREEMENT SHALL BE IN EFFECT DURING THE ENTIRE PERIOD OF PARTICIPATION.

**** Signature of participant indicates understanding of the above information and a release to treat, in the event of an emergency.**

GROUP NAME: _____

PARTICIPANT SIGNATURE:

_____ Date _____

PARENT/GUARDIAN SIGNATURE (if under 18 yrs. Of age)

_____ Date _____

EMERGENCY CONTACT PHONE # _____

Riverside Retreat United Methodist Camp
Kayaking Consent Form

Informed Consent/Medical Information Form/Photo Release

Date and Time of Activity_____

I do hereby understand that any physical activity involves the risk of increased heart rate, injury and/or death. I understand that participation in programs with Riverside Retreat and/or the Florida United Methodist Conference is entirely voluntary. I and my family release Riverside Retreat and/or the Florida United Methodist Conference, its employees, staff and other agents from any claims or liability arising out of my participation. I agree that I will not be under the influence of any chemical substance including alcohol during such activities.

Name: (print)_____ Phone:_____

Address:_____ City:_____ State:____ Zip:_____

Name of Personal Physician:_____ Phone:_____

Emergency Contact:_____ Phone:_____

Do you have health/accident insurance? (*please circle*) YES NO

If YES, list carrier/policy #_____

Do you have any limiting physical or health problems? (*please circle*) YES NO

If YES, explain_____

Are you taking any medication, prescribed or otherwise? If so, list medication(s) and condition(s):

List known allergies to medications or otherwise:_____

Are you allergic to bee stings or ant bites?_____ Do you have a sting kit?_____

Are you pregnant?_____

Do you currently have any of the following symptoms or conditions? (*check if yes*):

__ Heart disease or heart attack

__ Epilepsy

__ High blood pressure

__ Drug reactions

__ Chest pains, palpitations or heart murmur

__ Back, neck or knee problems

__ Diabetes

__ Recent injuries

__ Asthma

Have you ever had a stroke?_____

Do you have a history of heart disease, high blood pressure or stroke in your family?_____

If you checked any of the above, please explain:

List any other condition(s) we should be aware of:_____
