



# UPCC Urban Immersion Retreat

June 9-12 2013



## Registration Packet

**Who:** Middle & High School Youth

**What:** Spring Mission Trip

**Where:** Minneapolis– Retreat Center

**Cost:** \$180 per person (\$50 required to hold your spot)

Our retreat features an interactive exercise about the survival choices homeless and working-poor families must make each month. Pay the heating bill or feed the kids? Forgo health insurance to pay the rent and pray no one gets sick?

Participants also learn what roles self-worth, chemical dependency, racism, the economy and domestic violence play in poverty and what is being done to break the cycle. They are then challenged to reflect on what we, as people of faith, can do.

Then they volunteer in Twin Cities homeless shelters, domestic violence centers, food shelves and affordable housing projects.

Finally, our retreat encourages volunteers to apply what they have learned and set tangible goals to affect poverty in their communities.

[-http://urbanimmersion.gmcc.org/index.php](http://urbanimmersion.gmcc.org/index.php)

### Half-Week Retreat Schedule

#### Day 1 – *Sunday—June 9*

- 12:00pm Meet at UPCC
- 12:45pm Depart from UPCC
- 5:00pm Dinner en Route
- 6:30 p.m. Arrive at Retreat Center
- 7:00 p.m. Evening programming
- 11:15 p.m. Lights out

#### Day 2 – *Monday– June 10*

- 6:30 – 10 a.m. Service sites begin work  
(varies by agency)
- 2:00 - 4 p.m. Work at service sites complete  
(varies by agency)
- 5:00 p.m. Dinner at House of Charity
- 7:00 p.m. Evening programming
- 11:15 p.m. Lights out

#### Day 3 – *Tuesday —June 11*

Same schedule as previous day, however service sites may differ.

#### Day 3 – *Wednesday Morning– June 12*

- 8:30 a.m. Clean, Pack Vehicles, Breakfast
- 10:00 a.m. Head Home
- 3:00 pm Arrive back at UPCC/ Head home

Urban Immersion Service Retreats combine an overview of poverty and its causes with hands-on help for those in need. Ultimately, the retreat participants are encouraged to apply their service learning experiences to address poverty issues in their own communities.



# **WHAT TO BRING CHECKLIST**

Sleeping bag..

Pillow..

Alarm clock..

Towel..

Personal care items..

Closed-toe shoes for service work (required)..

Long pants for service work (required by many sites)..

Work clothes that can get dirty..

Soda pop/juice or change for pop machine (if desired)..

Medical release form..

Bible..

Pens or pencils..

A wonderful attitude..

Water bottle..

# Urban Immersion Retreat 2013

## Registration Form

**Deadline for Registration is May 15<sup>th</sup> 2013**

**Name:** \_\_\_\_\_.

**Address:** \_\_\_\_\_.

\_\_\_\_\_.

**Phone:** \_\_\_\_\_.

I give \_\_\_\_\_ permission to

(Youth's Name)

participate in the Urban Immersion Retreat sponsored by the United Presbyterian Congregational Church.

\_\_\_\_\_.

(Signature of parent/guardian)

\_\_\_\_\_.

(Date)

\*A \$50 deposit is required to complete registration. The remaining balance will be due by May 15<sup>th</sup>.

**Urban Immersion 2013**  
**Emergency/ Medical Form**

Every precaution will be taken to ensure safety on this trip. In the rare occurrence that an emergency arise we will need appropriate information to provide the proper assistance or treatment. Please provide the following information, which will remain confidential and only be used in an emergency situation arises.

Full Name of Participant\_\_\_\_\_

Age of the Participant\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Home Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

Work Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_

Alternative Contact  
Name\_\_\_\_\_

Relationship to partici-  
pant\_\_\_\_\_

Phone Numbers for Alternative Contact:

Home Phone:\_\_\_\_\_.

Work Phone:\_\_\_\_\_.

Cell Phone:\_\_\_\_\_.

**Insurance Information:**

Name of company, policy number, and phone number:

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Please provide a copy—thanks!

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Please list any medications the participant takes:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please list any allergies that the participant has:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_



# MEDICAL RELEASE

Date(s) of Retreat: \_\_\_\_\_

## Participant Information

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent/Guardian's Name (if under 21): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Contacts

Primary Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Insurance Policy

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Immunization Dates

Series Completes: \_\_\_\_\_ Last Tetanus (DPT, YT or TD): \_\_\_\_\_

## Medical History

Does the participant have any of the following? If yes, please explain.

- |  |  |
|--|--|
| <input type="checkbox"/> Allergies to Insect Bites | <input type="checkbox"/> Frequent Headaches                                |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Dizziness                 | <input type="checkbox"/> Special Dietary Needs                             |
| <input type="checkbox"/> Drug Allergies            | <input type="checkbox"/> Other Health Problems or Limitation of Activities |
| <input type="checkbox"/> Food Allergies            |  |

Medications the participant is taking: \_\_\_\_\_

Will the participant require any specific treatment while participating in our program? Y / N

If yes, please explain: \_\_\_\_\_

*Please note: Our staff cannot administer any medications, prescription or non-prescription, to participants. This includes over-the-counter medicines for minor headaches or pains. If the participant will need medication while attending the retreat, he or she must bring the medication to the retreat and assume responsibility for taking it.*

## Physician's Information

Physician's Name: \_\_\_\_\_

Clinic Name/Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Medical Treatment Consent (Parent/Guardian Signature Required)

I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I also understand that neither Urban Immersion Service Retreats, nor anyone connected with Urban Immersion Service Retreats will assume any responsibility for accidents or sickness incurred by my child while at their scheduled retreat. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_