



Alive in '25 'n Thrive'n

KAUCC SPRING YOUTH CAMP

March 18th - 21st

Waineke Cabins - Koke'e



Registration
Deadline
March 1st

Only \$12

Call Jared or Olaf at 808-338-9962 or 808-482-1649

Registration materials can be found at www.waimeachurch.org/youth.pdf

Dear Parents of Kokee Adventurers,

I wanted to get in touch with you and personally say I am excited about going to Kokee during spring break, March 18-21! This letter is just a friendly reminder of the dates and times we are going and returning, and a few other details you may need to know about.

We will be staying at the Waineke cabins in Kokee. On the main highway just after the turnoff to the Lodge, you will see a sign for YWCA Camp Sloggett. Follow that road 130 yards to the first driveway on the right. You will see a sign saying "Waineke Camp." Thank you for dropping your youth off at 2pm on Tuesday, March 18th. Also, thank you for picking them up on Friday, March 21 at 11am.

Here is a list of what to bring to Kokee

- Bedding: the cabins have single beds with mattresses. You can either bring a sleeping bag or a fitted bottom sheet and regular bedding and blanket. You ought to also bring a pillow for your head.
- Hiking Gear: Sandals with treads, sneakers, or hiking boots.
- Cold weather gear: A jacket and long pants would be advisable. It is also wet there, please bring an umbrella or poncho.
- Flashlight
- personal snacks: All meals will be provided. There will be some snacks too, but if there is anything particular that you just HAVE to have, feel free to bring it.

If you have any questions, feel free to call! Also, if you would like to come at any time and spend time with us and the kids, you are welcome to come! Please call and let me know if you would like to do something like that.

Iesu pu,

Jared Morsey

808 255-8041

Registration Form for "Alive in '25" Camp, March 18-21, 2025

Please print clearly with a black pen

Last Name	First Name	Date of Birth
Mailing Address		Present Grade Level in School
Home Phone	Work Phone of Parent or Guardian	Cell Phone
E-Mail Address	Local Church	
T-Shirt Size (Please Circle One)		
Small Medium Large XL XXL XXXL		
Registration Amount of \$12 enclosed (<i>please check here</i>) <input type="checkbox"/> Check number _____ Acct Name _____		
Make checks payable to "Waimea UCC" and add "Youth Retreat" in the memo line		
Parent/Guardian Permission I am aware that (name) _____ plans to attend the "Alive in '25 'n Thro' n" Camp in Kokee and has my full permission to do so. Parent/Guardian Signature _____ Date _____ Phone number if different from above _____ cell _____		
I am aware that during the course of the event, my child's photograph may be taken by staff and/or other participants. Check <input type="checkbox"/>		
Checklist of Forms to include with this Registration:		
<input type="checkbox"/> Medical Release/Medical Disclosure Form		<input type="checkbox"/> Transport Release Form
<input type="checkbox"/> Youth Covenant		

Return to:
 Jared Morsey or Olaf Hoeckmann-Percival
 Waimea United Church of Christ
 POB 457, Waimea, HI 96796

(808) 338-9962 or 255-8041 for questions

***Medical Disclosure and Release for Emergency Treatment
for Spring Youth Retreat March 18-21, 2024***

Participants Name: _____

Parent/Guardian's Name: _____

In the event of an emergency, I give my permission that the afore-stated minor be treated as needed by qualified medical personnel. In such an event, I may be contacted at the following phone numbers by qualified medical personnel:

House Phone _____ Cell Phone _____

2nd emergency contact name and phone number: _____

Please list any known food or medicine allergies and all pre-existing medical conditions:

Allergies: _____

Medical Conditions: _____

To the best of my knowledge, there are no physical or psychological conditions that would keep my son/daughter from participating fully, or such are listed below:

Signature and Date:

_____ Date _____

Transport Release Form for Spring Youth Retreat March 18-21

Please print clearly with a black pen

Last Name	First Name	Date
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Parent/Guardian Permission and Liability

I am aware that my child plans to ride to Kokee with _____ to the "Alive in '25" Camp retreat in Kokee. I will make sure that my child will be at the designated pick-up site at the designated time and will be responsible to transport my child to and from the retreat site in the event that my child does not meet the ride at the proper time and place. I will be ready to pick up my child at the designated drop-off site on time after the retreat.

Parent/Guardian Signature _____ Date _____

Participant Standard of Conduct Agreement

I promise to abide by all safety rules during transport to and from the retreat. I will be respectful of all other riders and adhere to the adult supervision being provided.

Participant's Signature _____ Date _____

Youth Covenant for Spring Youth Retreat March 18-21, 2025

The following covenant of conduct is to be adhered to by all youth retreat participants. If any conflicts arise, they will be openly discussed with leaders and/or peer participants. Any violations will be dealt with by the youth retreat staff and may result in the participant(s) being asked to return home at their own expense.

We, the participants in the Youth Retreat agree to honor the following statements:

I will treat all people with dignity and respect.

I will not use profanity.

I will respect the property of all people.

I will use the facilities made available to us with care. If I hurt or accidentally damage property, I will take responsibility for the damage done and inform an advisor right away.

I will not smoke. I will not bring matches or lighters to the event.

I will not engage in sexual activity.

I will not bring or use alcohol and/or illicit drugs.

I will be mindful of others' right to privacy.

I will honor the curfew.

I will not leave the group unless I have permission to and will honor any adult's decisions concerning where I may be allowed to go and with whom I may go.

I will participate in sharing and living out faith, being open, friendly and respectful to others, and will fully participate in the activities and experiences of the retreat.

Participant's signature: _____ **Date** _____

For Parents and Guardians:

I understand that my son/daughter will be attending the MEP Spring Youth Retreat and that if he/she does not abide by this covenant that he/she may be sent home at my expense.

Parent/Guardian Signature: _____ **Date** _____