



# GROUP LEADER PACKET

Questions?

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# Rally on the Mountain Group Leader Packet Contents

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## **We're so glad you'll be joining us for Rally on the Mountain: Challenge 2018!**

Rally on the Mountain will be held at Winterplace July 12-15, 2018. This event is designed for youth entering middle school-graduating seniors in high school. Groups can stay in bunkrooms at Winterplace or rent hotel rooms at Skyline Lodge. For additional housing information please see page six.

The cost of registration is \$150 and includes a t-shirt, all meals Friday breakfast-Sunday breakfast, and all activities. There will be a Youth Service Fund store at Rally on the Mountain and a few auctions to raise money for YSF. All of the money raised from the store and auctions goes to the [Youth Service Fund \(YSF\)](#) which is the global United Methodist mission fund supported by youth. Through YSF, United Methodist teens raise money for other teens doing ministry in their churches, communities, and the world. Thirty percent of the money raised goes back to the global church's YSF account to help on a global level and 70% stays here in the West Virginia Annual Conference to help youth serve locally and globally. In 2017 alone YSF gave out \$4,900 in support of youth serving in Kenya, Cuba, and South Africa. For more information about YSF, or to apply for assistance from YSF, please contact Shea James, Director of Young Disciples and Outdoor Ministries [sjames@wvumc.org](mailto:sjames@wvumc.org)

Each day begins with a Morning Rally which consists of youth led devotions and wake-up songs. Encounter groups are time for youth to get together with youth from outside of their church group. Sessions will be offered Friday and Saturday (youth will choose which sessions to attend) service opportunities will also be available off site at local missions and ministry sites. Each evening will close with a Night Rally which is a worship experience (for more schedule information see page 2).

Friday night will be a variety show. Youth are welcome to bring instruments and costumes to prepare for their encounter group's moment to shine on stage! For those who prefer to stay behind the scenes, there are opportunities to help with sound, lighting, and scenery!

Saturday night will be an epic messy Olympic game. We encourage youth to pack clothing they are OK with throwing away and an extra pair of shoes to use after the games. Prepare yourselves for human ice cream pyramids and a creative use of spaghetti sauce!

## Sample Schedule\*

### July 12<sup>th</sup> - Thursday

4-5pm Check-in  
5-7pm Dinner on your own  
7pm Night Rally  
9pm Encounter Groups

### July 13<sup>th</sup> - Friday

8am Breakfast  
8:45am Morning Rally  
9:45am Encounter Groups  
11:30am YSF Auction  
Noon Lunch  
1-3pm Service and Sessions  
4pm Encounter Groups  
6pm Dinner  
7pm Night Rally  
8:30pm Variety Show

### July 14<sup>th</sup> - Saturday

7:30am Breakfast  
8am Morning Rally  
8:45pm Encounter Groups  
9am Service and Sessions  
Noon Lunch  
1pm Encounter Groups  
2pm Free Time  
5:30 Dinner  
6:30 YSF Auction  
7pm Night Rally  
9pm Messy Olympics

### July 15<sup>th</sup> - Sunday

9am Breakfast  
10am Check-out  
11am Closing Rally

\*Please note this schedule is not finalized and is subject to change.

## **Sessions and Service Options**

Sessions appear in alphabetical order by title.

### **Details about sessions and service options coming soon!**

This year we will offer two sessions each day and additional service opportunities in the community surrounding Winterplace. Stay tuned!

## **Lodging**

Please visit Winterplace's website for information about lodging

<https://www.winterplace.com/lodging> Please call Winterplace to reserve a bunkroom (also called a cabin.) Bunkrooms have four triple bunk beds and sleep twelve people. Each bunkroom has a bathroom.

Hotel housing is available at Skyline Lodge, just one mile away from the lodge where all of our activities will be held. Hotel rooms have two double beds and rent for \$67 a night. Due to the low cost of these rooms there is not a group discount rate. For more information about Skyline Lodge you can visit the website <http://www.skylinewv.com/> or call 304-787-6201 to make a reservation.

## **Parent/Chaperone Preparations**

Parents play a huge role in youth ministry - as such we want them to be happy and comfortable with their child attending Rally on the Mountain with your group. Be sure you open and close the meeting with prayer. The only reason we're doing any of this is because of God and it is good to take time to remember that!

We recommend having an "adults only" meeting no less than a month before Rally on the Mountain. Talk with the parents- pass out liability release forms, create a phone tree that can be used to let everyone know your group has made it safely to Winterplace, and answer any questions they might have. Let everyone know that cell phone reception at Winterplace isn't reliable and they may not hear from their child while at Rally on the Mountain.

Once you've answered parent's questions, invite the parents to leave and spend some time talking with your chaperones. Let them know what your expectations of them are as a chaperone, make sure everyone has background checks for Child Protection Policies, and go over any group dynamics they may need to be aware of (Sue and Bill broke up, Tom's younger brother Tim is coming and we need to keep them separated, etc). This is also a good time to determine logistics- who is driving and who will help with evening debriefing time (should your group choose to gather in the evenings to talk about your day). Again, don't forget to close with prayer!

## Youth Preparations

We suggest meeting with your group twice before Rally on the Mountain, once a month before your trip, and then again, the week before your trip. These meetings should open and close with prayer - Rally on the Mountain will be a fun experience for your group and it will also be a powerful time for youth and adults to grow in Christ!

The goals of these meetings are to ensure that you have everyone's liability release forms, pass out packing lists, that housing groups are established before you leave, and that everyone understands what they'll be paying for, what the church will be paying for, and how your group time will work.

If you have a group that does not know one another very well, play an ice breaker or two to help people feel comfortable with each other. ([Click here for icebreaker games!](#)) After ice breakers open by sharing about Rally on the Mountain- get the group excited! Then take any questions that your group may have (if you have a question you are unsure how to answer email Shea James at [sjames@wvumc.org](mailto:sjames@wvumc.org) and she'll do her best to help you out) and share with them your expectations for behavior and attitudes during Rally on the Mountain.

Your second meeting should be similar to the first, but you should pass out additional copies of the packing list (people WILL lose them), and also talk about expectations for how much people will pack (are you bringing a 15 passenger van or a mini-van - less space = less luggage), if you do not have liability release forms remind participants that they are *important* and they need to get back to you ASAP.

These meetings don't have to be long - but they should be informative, fun, and start to build community for your time at Rally on the Mountain.



Church: \_\_\_\_\_ Leader: \_\_\_\_\_

Rally on the Mountain

### Participant Information & Liability Release

**Important: This is a legal document! It must be read and understood in its entirety by all who sign below.**

It must be signed by all participants (including chaperones and other volunteers) and by a parent (preferably both) or guardian of participants who are minors. A copy of this form may be used as if an original.

If you have any questions, contact Director of Youth and Outdoor Ministries 304-344-8331, x25.

#### A. Participant Information

To be filled out by the participant's parent/guardian (if the participant is under the age of 18) or by the adult participant.

Participant Name \_\_\_\_\_

Gender \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_

Parents/Guardians \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Address (if different) \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

#### B. Emergency Contact

Parents/guardians of participants under age 18 must provide the name of someone to be notified if the parents/guardians are unavailable in an emergency. Adult participants must provide the name of someone not attending the trip who can be notified in an emergency.

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

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**C. General Health History**

The following is to be filled out by the participant's parent/guardian or by the adult participant.

**Has the participant ever been treated by a doctor for any of the following? Every item must be checked.**

|                                 | Yes   | No    |                           | Yes   | No    |
|---------------------------------|-------|-------|---------------------------|-------|-------|
| Major Dental Problems           | _____ | _____ | Dizzy Spells or Migraines | _____ | _____ |
| Skin Problems (other than acne) | _____ | _____ | Diarrhea or Constipation  | _____ | _____ |
| Hearing or Vision Problems      | _____ | _____ |                           |       |       |
| Kidney Problems                 | _____ | _____ | <b>Diseases</b>           |       |       |
| Cysts, Tumors or Growths        | _____ | _____ | Parkinson's Disease       | _____ | _____ |
| Serious Injuries                | _____ | _____ | HIV/AIDS                  | _____ | _____ |
| Bone or Joint Problems          | _____ | _____ | Tuberculosis              | _____ | _____ |
| Back Problems                   | _____ | _____ | Cancer                    | _____ | _____ |
| Emotional Problems              | _____ | _____ | Hepatitis                 | _____ | _____ |
| Disabilities                    | _____ | _____ | Other Diseases            | _____ | _____ |
| Frequent Ear Infections         | _____ | _____ |                           |       |       |
| Convulsions or Seizures         | _____ | _____ | <b>Severe Allergies</b>   |       |       |
| Heart Defects or Heart Disease  | _____ | _____ | Insect Stings             | _____ | _____ |
| Bleeding or Clotting Problems   | _____ | _____ | Foods                     | _____ | _____ |
| High or Low Blood Pressure      | _____ | _____ | Drugs or Medicines        | _____ | _____ |
| Hernia                          | _____ | _____ | Poison Ivy                | _____ | _____ |
| Diabetes or Hypoglycemia        | _____ | _____ | Pollens                   | _____ | _____ |
| Asthma or Breathing Problems    | _____ | _____ | Other Allergies           | _____ | _____ |
| Eating Disorders                | _____ | _____ |                           |       |       |

Operations/Serious Injuries: \_\_\_\_\_

Disabilities or Recurring Illnesses: \_\_\_\_\_

Dietary or Activity Restrictions: \_\_\_\_\_

Current Medications with instructions \_\_\_\_\_

Other Comments: \_\_\_\_\_

Date of Last Tetanus Shot      /      /           Height                Weight               

Family Physician                                    Phone      -      -          

Do you carry family medical or hospital insurance?                If yes, please list your policy information below.

Carrier:                                    Group/Policy #:

**D. Professional Health Care Recommendations**

To be completed by a licensed medical provider. We recommended all participants have a physical before attending, but one is not required.

Participant Name \_\_\_\_\_

Does the participant have any physical conditions requiring restriction(s) in an active camp program that may include high-intensity activities? (Circle) YES NO

If "YES," describe the restriction(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the participant under the care of a physician for any specific medical condition, or receiving ongoing treatment? (Circle) YES NO

If "YES," describe care or treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current or ongoing medications? (Circle) YES NO

If "YES," please list medications:

\_\_\_\_\_  
\_\_\_\_\_

Known allergies or dietary restrictions:

\_\_\_\_\_

Additional comments & activity restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the participant answered "no" to ALL questions in Part C, has the participant had a physical health examination within the past 24 months? (Circle) YES NO (If "No," a physical exam is recommended at this time, though not required.)

Date of most recent Health Exam (today's date if receiving exam): \_\_\_\_\_

I have reviewed the participant's health information as listed in Part C of this form, and I have performed a physical exam of the participant if required as described above. In my medical opinion, I find him/her to be in suitable condition for participation in an active camp program that may include high-intensity activities, except for those restrictions I have noted above.

Practitioner Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Practitioner Name (Print) \_\_\_\_\_

Office or Business Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

**Release of Liability Form**

For and in consideration of the services of Rally on the Mountain (sometimes referred to in this document as ROM) and **CHURCH NAME** the undersigned, for themselves and on behalf of a minor for whom they may sign, acknowledge and agree as follows:

**AGREEMENTS OF RELEASE AND INDEMNITY**

I, a participant or the Parent of a minor participant (on behalf of that minor, for myself, my executors, administrators, heirs and assigns) hereby voluntary agree to forever **release, relieve, surrender, waive, discharge, hold harmless, defend, indemnify, and covenant not to sue** ROM and the West Virginia Conference and its agents, volunteers, officers, employees, and volunteers (collectively referred to as "Released Parties") from any and all liability, claims, actions or losses of any kind or nature, foreseen or unforeseen, known or unknown, whether for personal injury, property damage, wrongful death, loss of services or otherwise, arising out of my, or my child's, enrollment or participation in a ROM event, including transportation to and from any such activities. **I specifically understand that I am releasing, discharging and waiving, among others, any claims or actions that I or the minor may have, or acquire the negligent acts or other conduct of Released Parties.** This release shall be binding to the fullest extent permitted by law. If any part of the release is deemed to be unenforceable, the remaining terms nevertheless shall be enforceable.

**ACKNOWLEDGMENT AND ASSUMPTION OF RISKS**

ROM consists of many activities, all of which are voluntary. These activities may be physically demanding and I am aware that they may involve hazardous activities and risk of serious personal injury or death. Injuries could include but are not limited to cuts, abrasions, sprains, strains, weather hazards, burns, extreme temperatures, and equipment failure. I, on behalf of myself or my child, am participating voluntarily in these activities with the knowledge and appreciation of the dangers involved and I, on behalf of myself of my child, voluntarily agree to accept and assume all risks of personal injury, death, or any other damages or losses to my person or property. In the event that any claim arising out of or related to personal injury, death, or damage shall be filed against any Released Parties, I shall indemnify and hold harmless Released Parties from and against any and all such claims, including Attorney's fees, incurred in defense of such claims.

**OTHER PROVISIONS**

ROM reserves the right to refuse participation to any person it judges to be incapable of meeting the rigors and requirements of participating in its activities. I therefore represent that the medical and health information I have provided on this form is true and accurate to the best of my knowledge. I accept full responsibility for any omissions and potential consequences regarding my failure to disclose any existing or past health condition. I am, or the minor child is, in good physical condition and therefore fully capable of participating in and able to undertake all of the activities involved in an ROM experience. I, or the minor, do/does not have any medical condition that would prevent my, or his/her, participation in any activities except for those restrictions listed in Sections (C, D, E) above.

I hereby give permission for any qualified medical personnel to render or obtain routine health care and/or necessary emergency medical care, and dispense medications for myself, or for the minor participant. I give said personnel the permission to make such medical decisions as they deem proper and to exchange medical information with third party medical care givers. I understand that, if the participant is a minor, the parents will be contacted by the Youth Leader in cases when emergency medical services or professional medical care are needed. I, for myself and on behalf of the minor, understand that I assume full financial responsibility for any medical treatment rendered for myself, or for the minor, outside of these policy limits or for pre-existing conditions not covered by said policies. I therefore represent that I have, or the minor has, adequate health, disability and life insurance, or I have made adequate alternate arrangements for myself, or for the minor, to cover any such expenses.

I, on behalf of myself and the minor participant, agree that alcohol and illegal drugs will not be used while undertaking any activity with ROM. I also assume full financial responsibility for any physical damage to persons or property caused by myself, or the minor child.

I hereby give ROM and its representatives and agents absolute permission to use photographs, videotapes and other images, quotations from comment/evaluation forms and voice reproductions of me, or the minor, for any purpose and media, and waive any proprietary, personal or other right to inspect and pre-approve such use.

I agree that, should there be an issue or dispute as to the validity of any release that I have signed, this document shall supersede any other document that I have read or signed about my legal rights concerning ROM. I also understand that the terms of this agreement shall continue to be in effect even after the trip has ended.

**I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND ALL THE TERMS OF THIS AGREEMENT. I AM VOLUNTARILY EXECUTING THE AGREEMENT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE ON BEHALF OF MYSELF, MY CHILD OR WARD AND MY/MY CHILD'S ASSIGNEES, HEIRS, NEXT OF KIN, EXECUTORS, AND PERSONAL REPRESENTATIVES. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT I, OR THE MINOR, OTHERWISE MAY HAVE. NO ORAL REPRESENTATIONS STATEMENTS OR INDUCEMENTS APART FROM THOSE CONTAINED IN THIS AGREEMENT HAVE BEEN MADE.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent/Guardian Signature (If participant is a minor)

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Rally on the Mountain Packing List

- Bible
- Pen
- Warm clothing like sweats and a sweat shirt (evenings will be cool)
- Beach Towel (for messy games)
- Appropriate summer attire (shorts and t-shirts)
- Old clothes you are OK with throwing away (for messy games)
- Pajamas
- Close toed shoes for service opportunities
- Sunscreen
- Bug spray
- Hygiene Items (shampoo, soap, deodorant, toothbrush, etc)
- Glasses/Contacts and cleaning solution
- Medications
- Reusable water bottle
- Spending money for travel and while at ROM
- A great attitude!

**Don't forget to turn in your medical release form to your group leader!**