



TYME OUT

Youth Ministry & Retreat Center

W332 N6786 County Road C – Nashotah, WI 53058-9737
Phone (262) 966-1800 – Fax (262) 966-1815 –
youth@tymeout.org

Dear Retreatants,

We want to welcome you in advance to the TYME OUT Youth Center. We hope you will find your TYME OUT time both enjoyable and enriching.

Here is a list of what to bring.

- Bring a sleeping bag or bedding. We provide a bed and pillow.
- Bring towels, soap, toothbrush, and other overnight necessities.
- Bring comfortable clothes for indoors and out, including shoes appropriate for gym activities. TYME OUT will not be responsible if lost or stolen

Here is a list of what not to bring.

- Alcohol and any illegal drugs are absolutely forbidden at TYME OUT. The police will be called if there is any evidence of possession or use of these substances. The youth involved will be sent home immediately.
- Please do not bring cell phones, radios, CD players, ipods, head phones, schoolbooks, or any tobacco products.

Plentiful meals and bedtime snacks are provided here. Candy bars, water and soda can be purchased. (Please do not bring any bills larger than tens.) You may also wish to bring other snacks to share. **However, food and drinks are not allowed in the dormitories.**

TYME OUT T-shirts and sweatshirts are available for those who wish to purchase them. These are good quality poly/cotton shirts stamped with the TYME OUT logo. Cost is between \$10 and \$20.

In case of emergency, a message can be left at the numbers stated below. Messages are checked periodically throughout the retreat.

We are looking forward to meeting you and sharing this important time with you. Please contact us prior to your retreat if you should have any questions.



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ADULT PARTICIPANTS: PLEASE READ!!!

Are you volunteering to go on a retreat with the youth of your parish?

Do you really have any clue as to what you will be doing on that retreat?

Do you regret saying yes to going on a retreat with your youth?

If you answered yes to any of these questions you definitely should read on for more information. First, THANK YOU for agreeing to be an adult participant at a TYME OUT retreat. You will be participating in an important experience in the development of young people. Your presence on this retreat will speak your concern and care for the growth of each young person who attends.

Youth need to be in contact with adults like you who are willing to spend time with them. They need the adults in their lives to be open to their searching, interested in their ideas, and ready to listen to their concerns. They also need to hear adults share their own convictions, questions, and struggles.

The most important thing you will do at TYME OUT is just be yourself. We call you "adult participants" at TYME OUT rather than chaperones, because your main role on the retreat is to participate in the discussions and activities. You will be the leader of a small group, facilitating the discussion processes as the retreat leader explains them to the group. Your presence in the group will provide an adult perspective to the discussion and will help keep the young people focused on the task.

We will ask your help in enforcing the rules that we present at the beginning of the retreat. And we expect you to maintain discipline in the dorm -- probably your hardest responsibility. You and your small group will also be responsible for some of the dining room and clean-up jobs.

You will need to bring along a sleeping bag or bedding (we provide a bed and pillow) and your own towels and overnight necessities. Wear informal, comfortable clothing.

We are looking forward to meeting you and sharing this important time with you and the young people. Please contact us prior to your retreat if you should have any

questions.

BACKGROUND INFORMATION SHEET - PLAN A

TYME OUT Youth Center
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Phone: 262-966-1800
Fax: 262-966-1815
youth@tymeout.org
www.tymeout.org

*Please mail or fax this information at least four weeks before your retreat.
Any changes can be made by phone the week before the retreat.*

Contact Person: _____ Email: _____
Parish/School: _____ Phone: (_____) _____
Address: _____ City: _____ State: ____ Zip: _____
Type of Retreat: _____ Retreat date(s): _____
Arrival Time: _____ Departure Time: _____ Method of Transportation _____
Number of Participants: Youth: M _____ F _____ Adult Leaders: M _____ F _____
Grade Level of Retreatants: _____ TYME OUT Meals (circle one): YES or NO

Please answer the following questions to aid in the planning. Feel free to use the back of this form.

Please explain briefly the purpose of this retreat.

What past retreat experience does this group have?

What specific topics, themes, and content would you like covered on the retreat?



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Dear Retreat Coordinator,

Here is some information that you will need to know before you come on your retreat.

Your group has been assigned a space for their use at TYME OUT. Your area includes a large meeting room, a prayer room, a recreation room, and dorms with beds, showers and toilets. You will be sharing the gym with other users of the building.

We are looking forward to planning a retreat that fits the special needs of your group. Please **send** us the enclosed **background information** sheet at least **four weeks before your retreat date**. The retreat director will call you when ready to begin planning your retreat.

You will need to secure the participation of one adult for every seven young people on your retreat. You will need 2 adult males and 2 adult females to sleep in the dorm. These adults are much more than chaperones, although we do ask them to help maintain order, especially in the dorms at night. Their primary function is to participate as Christian adults in the group discussions. **We recommend that you meet with the adults a week before your retreat to explain their role and to help them become a team.**

The enclosed forms to be returned to us are legal documents required by our insurance carrier for all participants in our programs. **You must use our permission/health form. We will be keeping these forms when you leave.** We ask that you bring the completed forms to the retreat and be prepared to deal with any health emergency.

Some of your teens may not be able to attend the retreat on the dates you have scheduled. It is possible for these young people to join another retreat. Please call our office for availability. We strongly discourage having teens miss part of a retreat by coming late or leaving early. Try to schedule such teens for another retreat when they can be present for the entire experience.

To guarantee a positive experience for all, we discourage having students come in their own cars.

Thank you for all the time and energy you will be putting into preparing for this special faith experience. We look forward to serving you and your young people.

“May God fill you with the wisdom and understanding that the Spirit gives. May you be made strong with the strength that comes with God’s glorious power. May you endure everything with patience and with joy give thanks to the Creator - God!” (Col. 1:9,11,12)

Enclosures:

- Background information sheet
- Letter for participants

- Letter for adult participants
- Rules

- Directions
- Medical Release/health form
- Love Letter Information (if applicable)

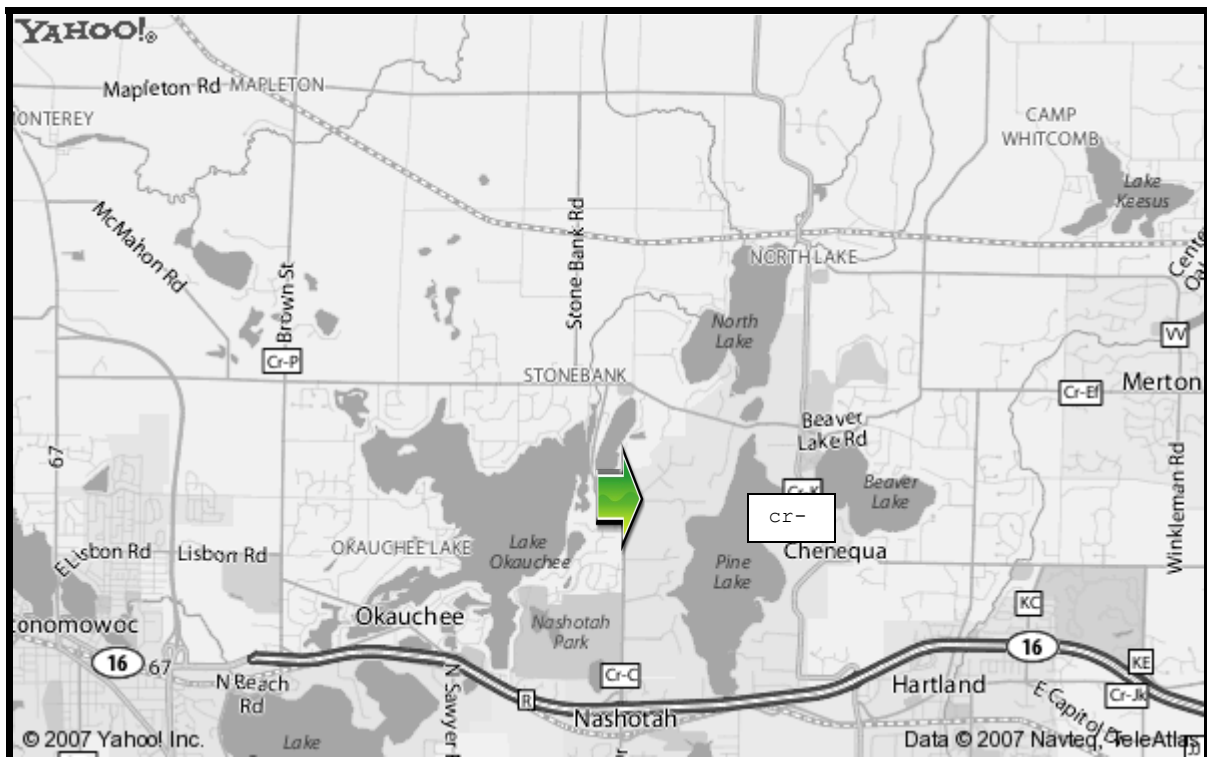
Directions

From Milwaukee: I-94 West to Hwy 16 toward Pewaukee. Take Hwy 16 north to Hwy C. Turn right on Hwy C. Drive north about 3 miles. The center is on the right at the intersection of Hwy C and Hwy K.

From Madison: I-94 East to Hwy C. Turn left on C. Drive through Delafield and Nashotah. The center is on the right at the intersection of Hwy C and Hwy K.

From north: Take Hwy 60 to Hwy 83. Go south on Hwy 83 through North Lake. Turn right on Hwy K. Go about 3 miles. The center is on the left at the intersection of Hwy K and Hwy C.

BUS ENTRY ON COUNTY ROAD K



MEDICAL RELEASE FORM

PARTICIPANTS NAME _____ BIRTH DATE _____ SEX : M F

FAMILY DOCTOR _____ PHONE (____) _____

Family Health Plan Carrier _____ Policy Number _____

MEDICAL MATTERS:

I hereby warrant, to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. OF THE FOLLOWING STATEMENTS (pertaining to medical matters) SIGN ONLY THOSE IN ACCORDANCE WITH YOUR WISHES.

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any farther treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number, contact:

NAME & RELATIONSHIP: _____

HOME PHONE (____) _____ BUSINESS PHONE (____) _____

Signature _____ Date _____

OTHER MEDICAL TREATMENT

In the event it comes to the attention of the DESIGNATED SUPERVISOR or staff that my SON/DAUGHTER/WARD becomes ill with symptoms of headache, vomiting, sore throat, fever, or diarrhea, I DO want to be called collect (with phone charges reversed to myself if necessary)

Signature _____ Date _____

MEDICATIONS

My SON/DAUGHTER/WARD is taking medications at present and will bring all such medications necessary, and such medications will be well-labeled. I give permission for my SON/DAUGHTER/WARD to take this medication on his/her own. The dosage and frequency of dosage is as follows:

Signature _____ Date _____

If requested, I DO give permission for my SON/DAUGHTER/WARD to be given the following (please circle)

- | | | | | | |
|--------|-----------|---------|----------------|-------------|-------------|
| Asprin | Benedryl | Midol | Ibuprofen | Pepto Bismo | Cough Drops |
| Tums | Aspicream | Sudafed | Primatene Mist | Tylenol | Other _____ |

Signature _____ Date _____

NO MEDICATION OF ANY TYPE

No medication of any type, whether prescription or nonprescription, may be administered to my SON/DAUGHTER/WARD unless the situation is life threatening and emergency treatment is required.

Signature _____ Date _____

SPECIAL MEDICAL INFORMATION

The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions (medicine, food, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to a contagious disease (ex. Mumps, measles, chicken pox, etc.) If so, please list date and disease _____

You should be aware to these special medical conditions of my child _____

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Parent/Legal Guardian Permission and indemnity Agreement

Name of Son/Daughter/Ward: _____

Parish/School: _____ Supervisor of Activity: _____

Activity: _____ Dates and Time: _____

Method of Transportation: _____ Student Cost: _____

Registration Deadline: _____

I consent to the participation of my SON/DAUGHTER/WARD in the above named Activity. In consideration for my SON/DAUGHTER/WARD's participation, I agree to reimburse and indemnify the TYME OUT Youth Center for all reasonable legal and court fees incurred by TYME OUT in defending a lawsuit that I or my SON/DAUGHTER/WARD may bring against TYME OUT, which relates to the above named activity if TYME OUT is found not legally liable by the courts and prevails in the lawsuit. If the TYME OUT Youth Center is found legally liable for injuries sustained by son/daughter/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my SON/DAUGHTER/WARD will be participating in. I further understand that I have the opportunity to fully discuss this agreement with a representative of the TYME OUT Youth Center to clarify any concerns or questions about the activity or this agreement that I may have.

PARENT/GUARDIAN'S NAME(S): _____

Home Address: _____

Home Phone: _____ Business phone: _____

Signature: _____ Date: _____

Photo Release

I hereby give my permission to the TYME OUT Youth Center for photographs that may include my child's image to be used in promotional materials. This includes any prints, slides, copies, reductions, or any other processes or treatments necessary to make a photograph for reproduction purposes. I release all rights and privileges for financial obligations for this permission.

Signature of Parent/Legal Guardian _____ Date: _____

(The other side of this form must be filled out and signed.)





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GIVE A LITTLE LOVE

Your child will soon be attending a retreat at TYME OUT. As a special feature of this retreat, the young people will receive "love letters" from their parents. Of course, you will want your son or daughter to receive a letter along with the other teens.

Ideas for things to write about might be:

- some of the things that make you proud of your child
- the hopes and dreams you hold out for him/her
- what a beautiful human being s/he is and is becoming
- how happy you are that s/he has chosen to be confirmed
- anything else you've always wanted to say, but just didn't get around to it

The letter is usually kept a secret until it is given out at the appropriate time during the retreat. So, write your letter, put it in an envelope with your child's name and the date of the retreat and give it to your Youth Minister or Confirmation instructor.

If you have registered your child with TYME OUT for this retreat, please write your letter and mail it to your child at the TYME OUT address with the date of the retreat on the outer envelope. If there isn't enough time to mail the letter, just seal it, put your child's name on the outside, enclose it in another envelope addressed to TYME OUT, and ask your child to give it to the director upon arrival at the retreat.

If you have any questions about the love letters or any other aspect of the upcoming retreat, please feel free to call us.

We join you in praying that the retreat will be a faith-filled experience for your son or daughter.



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TYME OUT Rules and Regulations (revised 10/09)

1. Alcohol, illegal drugs, and weapons

The use of alcohol and other intoxicants, and the possession of weapons and/or ammunition, are strictly forbidden at TYME OUT. The police and parents/guardians will be called if any of these substances are found. The persons involved will be dismissed immediately.

2. Dorms

- * Girls are never allowed in the boys' dorms and boys are never allowed in the girls' dorms.
- * No one is to leave their dormitory area after lights out.
- * Food and beverages are not allowed in the dorms.
- * Pillow fights are never allowed.
- * Please turn off lights whenever you leave the dorm area.

3. Fire/Tornado Safety

- * In case of fire, use the nearest exit and report to your group leader on the outside basketball court.
- * In case of a tornado warning, report to the cafeteria on the lower level.
- * Tampering with fire extinguishers, fire alarm pull boxes, and smoke detectors carries a \$500.00 fine. (State Statute)
- * An AED is on the premises and staff is trained to use it.

4. Security

- * Enter and leave the building by the assigned doors only.
- * Outside doors are locked and should never be propped open.

5. Off Limits

Each group is restricted to the areas of the building assigned for its use. Off limits areas include:

- * the other center
- * the neighboring properties, woods, and fields
- * all cars, including your own (If you are seen in your car during the retreat, your keys will be taken away.)

6. Smoking & Gambling

- * TYME OUT is a smoke-free facility. You are reminded that Wisconsin State law prohibits minors from smoking and using chewing tobacco.
- * TYME OUT does not have gambling license therefore gambling is not allowed.

7. Meals

- * It is important to be on time for meals. Everyone shares in the clean-up. Thank you for helping with whatever task you are assigned.
- * TO I Meal Times: Breakfast--9:00am; Lunch--12:30pm; Dinner--6:00pm
- * TO II Meal Times: Breakfast--8:15am; Lunch--11:45am; Dinner--5:00pm
- * TOIII Meal Times: This group will eat with either TOI and TOII. Meal times will be determined at time of retreat.
- * One group in building Meal times: Breakfast--8:30am; Lunch--12:00pm; Dinner--5:00pm.

8. Soda, Cans, & Recyclables

- * No food or drink is allowed in the meeting room, chapel, or gym.
- * Be very careful when drinking soda not to leave open cans where they might be knocked over. If soda is spilled, inform your director immediately.
- * Deposit all recyclables in the containers marked for them, both indoors and out.

9. Pillows, Beanbags, Carpeted Benches, Pianos

- * The TYME OUT Center is provided with many pillows and beanbags for your comfort. Do not move these from one room to another; each room has a generous supply.
- * Do not throw the pillows or jump on the beanbags.
- * Do not stand on the carpeted benches.
- * The pianos in the meeting rooms are to be used only by trained pianists. The rec room pianos can be used by anyone.

10. Damage

Your group will be held financially responsible for any damage to our building or property. We do not allow scotch or masking tape on the walls. The building was checked for damage before your arrival, however, if you notice any problem at the beginning of your stay, please report it immediately. There will also be extra charges if excess clean-up is needed (i.e. wax spillage, toothpaste or shaving cream smeared on walls).

12. Gym and Outdoor Activities

- * No food or drink is allowed in the gym.
 - * Kicking balls and hard throwing are not allowed.
 - * No slam dunking or hanging on baskets.
 - * According to a local ordinance, TYME OUT participants are not allowed to be outside after 11:00pm.
 - * Please do not throw snowballs anywhere near the building or cars. Playing in the snow is allowed in the open field.

13. Cell Phones

Cell phones are now a part of our everyday lives. While you are at TYME OUT we ask you to turn them off and put them away. This act gives us the ability to concentrate on our retreat and the relationships with those who are sharing this time with us. The others will be there when we finish our retreat. In that same thinking, pagers, IPODs, and other electronic devices are not permitted during our retreat.

14. Consideration

While you are at TYME OUT, we expect:

- respect for the adult leaders who are giving their time to serve you on this retreat
- respect for the rights and needs of the other members of your group, especially their need for a good nights' sleep
- respect for the other users and occupants of the building, especially after 11:00pm
- respect for the building and property.

Your group is expected to leave your retreat space as neat and clean as you found it.

15. Dismissal

We reserve the right to dismiss any participant who shows extreme negativity, rudeness, or disruptive behavior.