

**Nordonia Y2Y Winter Retreat 2022  
Middle School Y2Y Participant Registration Packet  
(Non Summit County)**

**What: Y2Y Training Retreat**

**When: Saturday, February 26, 2022 arrival - 8:00a.m.  
Saturday, February 26, 2020 departure 11:30pm**

**Where: Hiram House Camp  
33775 Hiram Trail  
Chagrin Falls, Ohio 44022  
216-831-5045**

**Cost: \$55.00 per person**

**The registration forms and fee are due Tuesday, Jan. 25, 2022**

**Questions call: Regina Christy 330-908-6124  
or email: [regina.christy@nordoniaschools.org](mailto:regina.christy@nordoniaschools.org)**

**\*\*Please note that this fee is  
Non-refundable\*\***

**Make checks payable to Nordonia Y2Y**

**Questions: 330-908-6124 or email  
[regina.christy@nordoniaschools.org](mailto:regina.christy@nordoniaschools.org)**



# Nordonia Y2Y Winter Retreat 2022 (Non Summit) Middle School Participant

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Email \_\_\_\_\_

County/High School \_\_\_\_\_ Grade \_\_\_\_\_ Gender: M F

T-Shirt Size: S M L XL XXL XXXL

Vegetarian Meal: YES NO Other Dietary Restrictions \_\_\_\_\_

## Rules of Nordonia Y2Y Winter Retreat:

1. Attend and actively participate in all scheduled activities.
2. Be courteous and respect the rights of others.
3. Abstain from the use of tobacco, alcohol and other drugs.
4. Engage in no behavior connoting sexual intimacy with other participants and/or staff.
5. Follow all other rules deemed necessary by Nordonia High School, Nordonia Y2Y and by the Y2Y advisor or staff members.

**Statement of Commitment:** I understand that Nordonia Y2Y is a drug-free organization. I agree to remain tobacco, alcohol and other drug-free and follow the above stated rules. Also, I understand that participants agree to attend and participate in all scheduled activities. I understand that it is my obligation as a participant of Y2Y to contribute positively to my school after this training. I also state that I abstain from the use of tobacco, alcohol and other drugs. I have read the above and agree to follow these expectations.

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

\_\_\_\_\_  
Date

## Photo/Video Release

I understand that pictures and or videos of my child may be taken at TI meetings, events, winter retreat and hereby agree and consent to the use of these pictures/videos by Nordonia Teen Institute for promotional or any other purpose.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

## NORDONIA HILLS SCHOOL DISTRICT FIELD TRIP CONSENT FORM

\_\_\_\_\_ HAS MY PERMISSION TO GO WITH \_\_\_\_\_

(Name of student)

(Name of teacher)

of \_\_\_\_\_ on a field trip to \_\_\_\_\_  
**Building**  
on \_\_\_\_\_. The approximate time of return will be \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

All field trips are carefully planned and supervised and every precaution will be taken for the safety of your child.

**EMERGENCY MEDICAL AUTHORIZATION**

Purpose: To enable mother/father/ guardian to authorize the provision of emergency treatment for children's who become ill or injured while under school authority, when mother/father/guardian cannot be reached.

**\*\*YOU MUST CHOOSE BETWEEN FILLING OUT PART 1 OR PART 2\*\***

**PART 1 (TO GRANT CONSENT)**

I hereby grant consent for the following medical care providers and local hospital to be called:

DOCTOR/PHONE \_\_\_\_\_ LOCAL HOSPITAL/EMERGENCY/PHONE \_\_\_\_\_

DENTIST/PHONE \_\_\_\_\_ MEDICAL SPECIALIST/PHONE \_\_\_\_\_

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery. Facts concerning the child's medical history, including medical concerns and or allergies to which physicians should be alerted:

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

\_\_\_\_\_  
Signature of mother/Father/Guardia (Approving information listed above) Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

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

**Part 2 (REFUSAL TO CONSENT) \*\*\*DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1**

I do **NOT** give my consent for emergency treatment of my child in the event of illness requiring emergency treatment. I wish the school authorities to take NO action or to \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother/Father/Guardian (Approving information listed above) Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone Number

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

NORDONIA HIGH SCHOOL Y2Y

MEDICAL, LIABILITY AND INSURANCE FORM

Name \_\_\_\_\_

INSURANCE INFORMATION:

HEALTH INSURANCE CO. \_\_\_\_\_

MEMBER NUMBER \_\_\_\_\_

GROUP INS. NUMBER \_\_\_\_\_

DATE OF LAST TENANUS \_\_\_\_\_

\_\_\_\_\_

CURRENT PRESCRIPTIONS AND OTC MEDICATIONS \_\_\_\_\_

\_\_\_\_\_

ALLERGIES \_\_\_\_\_

\_\_\_\_\_

SPECIAL DIETARY NEEDS \_\_\_\_\_

\_\_\_\_\_

PLEASE PUT INITIALS IN THE SPACE PROVIDED:

IN THE EVENT THAT I EXPERIENCE A MINOR MEDICAL CONDITION, SUCH AS HEADACHE, STOMACH ACHE, MENSTRUAL CRAMPS, OR OTHER COMPLAINTS THAT WOULD NOT REQUIRE MEDICAL ATTENTION, I GIVE MY PERMISSION TO BE GIVEN THE FOLLOWING:

***PLEASE PUT INITIALS IN THE SPACE PROVIDED***

\_\_\_\_ ASPIRIN \_\_\_\_ TYLENOL \_\_\_\_ IBUPROFEN \_\_\_\_ BENADRYL \_\_\_\_ MAALOX \_\_\_\_ OTHER (PLEASE SPECIFY)

**MEDICAL**

A nurse/EMT will be made available for routine first aid, if needed. Medical care is not available at the retreat. In the unlikely event of a major emergency, an emergency squad will be contacted and/or the participant will be transported to a nearby hospital. Parents or guardians will be notified immediately in the event of illness or an emergency. At registration, please inform the nurse if you are taking medication or have a medical problem. Routine non-controlled prescriptions for a controlled substance will be kept locked in the nurses' station and the teen may obtain medicine for self-administration when needed from the nurse. If you have any questions regarding your child's eligibility due to physical limitations or medical problems, please contact us at least 2 weeks prior to your arrival. The nurse will remain in the administrative office for the first half hour of every meal and at night before dorm check in to be seen for medications.

I HEREBY RELEASE AND HOLD HARMLESS HIRAM HOUSE CAMP, NORDONIA YOUTH TO YOUTH NORDONIA HIGH SCHOOL AND THE Y2Y STAFF FROM ANY AND ALL LIABILITY FROM ANY LOSSES, CLAIMS, EXPENSES, ACTIONS, CAUSES OF ACTION, COST DAMAGES AND OBLIGATIONS (FINANCIALLY OR OTHERWISE) ARISING FROM ANY AND ALL ACTS AND UNFORSEEN CONTIGENSIES THAT RESULT IN INJUURY OR DAMAGE TO PROPERTY WHILE PARTICIPATING IN THIS EVENT. I FURTHER UNDERSTAND THAT NORDONIA TEEN INSTITUTE WILL NOT BE HELD RESPONSIBLE FOR MY NEGLIGENCE INCLUDING, BUT NOT LIMITED TO, HORSEPLAY, FROLICKING AND/OR NONCOMPLIANCE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT/STAFF

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

# Hiram House Guidelines for 2021 Overnight Retreats

Below are suggested guidelines for implementation of an overnight retreat or school group to help reduce the spread of Covid-19 at camp. The following information has been gathered from the American Camp Association as well as the CDC. We hope this helps in your planning process.

## Participant Drop Off/Pick Up

- When you arrive at camp, everyone should have their temperatures taken and screened for Covid-19 symptoms.
- If parents are dropping off, we ask that they park in the main parking lot and only one member of the family comes to the check in table.
- Please have all other family members stay in your cars until directed by staff.
- Masks are required at all times.
- If anyone has a temperature of 100 or higher they should be asked to return home. Once the fever has been controlled for over 24 hours without medication, the individual is able to return to camp, unless there are additional symptoms.
- If possible, people aged 60+ or those with serious underlying medical conditions should not drop off/pick up children, because they are more at risk for severe illness from COVID-19.

## Office Visits

- The camp office is open while your group is here Mon-Fri 8:30am-4:30pm.
- Masks are required inside the office.

## Face Masks

- Face Masks should be required at all times except eating and sleeping.

## Daily Activities

- Activities should be spaced out as much as possible.
- Plan on small group sizes for break out groups if possible.
- If Hiram House is teaching any classes, we ask that groups be broken out into small groups to accommodate for social distancing.
- Have hand sanitizer available and disinfecting wipes at all your activities and try and locate these activities near restrooms if possible to allow for hand washing as needed.

## Living Quarters

- Participants should sleep in every other bunk so to keep a 6 foot distance at bedtime.
- Cabin access should be limited to only individuals who reside in that cabin.
- Avoid sharing common items (cups, bedding, etc.) as well as the sharing of individuals' items with cabin mates.
- Personal belongings should be limited to essential items plus a limited number of non-essential items.
- Participants should keep personal belongings organized and separate from other's belongings.

## Meals

- We suggest meals be served either grab n' go or family style and have one person serve meals at each table.
- ACA suggests avoiding buffet style, salad bars, self-service, table, counter food service, and other configurations that require diners to use shared utensils.
- Make sure everyone has washed their hands before eating.
- Encourage diners to maintain physical distancing between themselves and others while eating. Space out tables and chairs and utilize the dining room as much as possible.
- Please designate one person to go up to the serving window for seconds on food. Make sure you wear a mask when walking to the kitchen.
- Wash hands after your meals.
- Do not attend meals if you are sick or experiencing flu-like symptoms. Meals will be provided to you separately.

## If your Participant is Sick or has Covid-19

- If someone arrives at camp with a fever of 100 degrees or higher they should be asked to return home.
- Once the fever has been controlled for over 24 hours without medication, they can return to camp, unless there are additional symptoms.
- If someone has been diagnosed with Covid-19, we ask that they stay home and follow all CDC and doctor guidelines about when to return to activities.
- If you have had CLOSE CONTACT with someone infected with Covid-19, we ask that they stay home and quarantine for at least 14 days.
- If someone becomes ill while at camp, your group should inform all families that there has been a positive case at camp.

## If you have been Vaccinated

- Per the CDC: If you are vaccinated against COVID-19, you may still be exposed to the virus that causes COVID-19. After exposure, people can be infected with or “carry” the virus that causes COVID-19 but not feel sick or have any symptoms. Experts call this “asymptomatic infection.” For this reason, even after vaccination, we need to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions.
- Masks and social distancing are still recommended.
- If you have been fully vaccinated you do not necessarily have to quarantine following an exposure as long as you meet the following criteria: 1. You are fully vaccinated, with at least 2 weeks since your final dose. 2. Are within 3 months of receiving your final dose. 3. Have remained asymptomatic since the exposure.

## Cleaning and Disinfecting (Our Commitment To You)

- Hiram House will be following all CDC and American Camp Association guidelines for cleaning and disinfection.
- Daily camp activities such as archery, canoeing, etc. will be cleaned after each group.
- Bathrooms in the main dining hall will be cleaned during the week.
- High touch surfaces will be cleaned multiple times throughout the day.
- All Camp Staff will be trained on cleaning and disinfection as well as a general Covid-19 guidelines.

**Keep This Sheet**

Directions to Hiram House Camp  
33775 Hiram Trail  
Chagrin Falls, Ohio 44022  
(216) 831-5045

**From I-90** take I-271 North to Harvard Road Exit

**From I-480** take I-271 North to Harvard Road Exit

**From Nardon** take I-271 North to Harvard Road Exit

**From Columbus and points south** take I-71 North to I-271 North to Harvard Road Exit

Turn East onto Harvard Road (Harvard Road will become Hiram Trail) and continue 3 miles, Hiram House Camp is on the left-hand side of the street.

Mrs. Christy's (Regina) cell phone number **330-607-3117** for **emergency use only**

## **Keep this Sheet**

**Please note:** You may only have **bottled water** in the sleeping cabins, this is the Hiram House Camp rules!!!! **Absolutely NO** snacks, candy, food or beverages in the sleeping cabins!  
**You must obey this rule!**

### **Winter Camping List**

Mask

Boots (if you do not own boots bring an extra pair of shoes or line shoes with plastic bags)

Pants

Sweatshirts

Shirts

Sweat pants

Socks 6 – 8 pairs (warm)

Long johns

Warm coat

Underwear

Hat

Gloves

Scarf

Shoe/Slippers (**you must bring slippers or dry shoes to wear in the sleeping cabin!**)

Shower Shoes (i.e. flip flops to wear in the shower)

Toilettes (i.e. toothpaste, toothbrush, deodorant)

Washcloth and small towel

Sleeping bag

Pillow

Flashlight

Games/Playing cards

Medications if needed but you must check them in with the EMT and Mrs. Christy.

**\*\*Mrs. Christy's cell phone will be on *all weekend for emergency calls*  
330-607-3117**



# Y2Y Winter Retreat Schedule

## Friday

6:00 - 6:30 p.m. Staff arrival & Check-in  
6:45 - 7:30 p.m. Participants Check-in  
7:35 - 8:00 p.m. General Session *Sweeps*  
8:00 - 9:00 p.m. Speaker  
9:00-10:00 p.m. Teambuilding *Snack Set-up*  
10:10 - 11:15 p.m. Family Groups /Snack  
*(Logistics Update List for Res. Life)*  
11:15 - Cabin time & Res. Life Meeting  
11:30 p.m. *Youth staff meeting*  
12:30 a.m. Lights out

## Saturday

7:30 a.m. Rise and shine  
**8:00 a.m. MS/LE Arrival**  
8:15 - 8:55 a.m. Breakfast *Sweeps*  
8:55 - 9:05 a.m. *General Session Set-up*  
9:05 - 9:15 a.m. General Session  
9:15 - 10:15 a.m. Workshops  
10:20 - 11:20 a.m. Family Group  
11:25a.m. - 12:25 p.m. Large Group Presentation  
12:20 a.m. - 12:30 p.m. *Set up for lunch*  
12:30 - 1:15 p.m. Lunch *Sweeps*  
1:15 - 1:25 p.m. *Community Building Set-up*  
1:25 - 2:30 p.m. Community Building  
2:35 - 3:55 p.m. Family Group & Skit time  
4:00 - 5:00 p.m. Workshops  
5:00 - 5:30 p.m. Free time *Dinner Set-up*  
5:30 - 6:15 p.m. Dinner  
**6:20 - 6:35 p.m. General Session & Speaker Set-up Sweeps**  
6:35 - 7:35 p.m. General Session & Speaker  
7:40 - 8:40 p.m. Family group  
8:45 - 10:00 p.m. Skits  
10:00 - 11:45 p.m. The Dance *Sweeps*  
**11:30 p.m. MS/LE Departure**  
11:45 p.m. Cabin time  
12:45 a.m. Lights out  
12:30 a.m. *Youth staff meeting*

## Sunday

7:30 a.m. Rise and Shine  
8:15 - 8:30 a.m. *Breakfast Set-up*  
7:45 - 8:30 a.m. Spiritual Sharing  
8:30 - 9:15 a.m. Breakfast *Sweeps*  
9:15 - 10:00 a.m. Clean-up time/packing  
*General Session Set-up*  
10:05 - 11:05 a.m. Family Groups Everyone  
11:10 - 12:15 p.m. General Session and Closing  
12:30 p.m. Good-bye  
1:30 - 1:45 p.m. Youth Staff departure