

# Nordonia Winter Retreat 2022 Adult Participant Registration Packet

What: Y2Y Training Retreat

When: Friday, February 25, 2022 (registration) 6:45 pm - 7:30pm  
Sunday, February 27, 2022 (departure) 12:30pm

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

Cost: \$100.00 per person. *CEU's will be available.*

The registration forms are due Tuesday, January 25, 2022

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

Please mail to:  
Regina Christy/ Nordonia Y2Y  
8006 South Bedford Rd. Macedonia, OH 44056  
330-908-6124 7:20 am- 3:00pm  
regina.christy@nordoniaschools.org

**Make checks payable to Nordonia Y2Y.**



# Nordonia Y2Y Winter Retreat 2022

## Adult Participant

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

County/Agency \_\_\_\_\_ Gender: M F

T-Shirt Size: S M L XL XXL XXXL (There is an extra **\$2.00** charge for XXL and 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 Y2Y meetings, events, winter retreat and hereby agree and consent to the use of these pictures/videos by Nordonia Youth to Youth for promotional or any other purpose.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**NORDONIA HIGH SCHOOL YOUTH TO YOUTH  
CONSENT, MEDICAL, LIABILITY AND INSURANCE FORM**

**Name** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Purpose: To enable authorize the provision of emergency treatment if you become ill or injured while attending the retreat.

**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** \_\_\_\_\_

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 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 my medical history, including medical concerns and or allergies to which physicians should be alerted:

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Emergency Contact's Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

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

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

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

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

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

**CURRENT PRESCRIPTIONS AND OTC MEDICATIONS:** \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL DIETARY NEEDS:** \_\_\_\_\_  
\_\_\_\_\_

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.

# Nordonia Y2Y Adult Staff/A-team Volunteer Code of Conduct

*Youth are at the center of everything Nordonia Y2YI strives to accomplish. Their safety and security, as well as your safety and security as an adult volunteer, is our top priority. To ensure the safety and security of both the youth in this program as well as myself I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of my providing services to the youth in Nordonia Y2Y and the youth at the Nordonia Y2Y Winter Retreat.*

## **As a volunteer, I will:**

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity and consideration.
- Avoid situations where I am alone with youth. *It is expected that at any given time there will be no less than two adults and two youth together.*
- Use positive reinforcement rather than criticism, competition, or comparison when working with youth.
- Refuse to accept expensive gifts from youth or their parents, without prior written approval from the parents or guardian and program coordinators.
- Refrain from giving expensive gifts to youth without prior written approval from the parents or guardian and program coordinators.
- Practice good boundary setting and maintain appropriate boundaries with youth during and outside of Nordonia Y2Y and the Winter Retreat also programming and events.
- Report suspected abuse, self-harm, or harm of others to the program coordinator, administrator, or appropriate supervisor and assist in reporting to appropriate local authority.
- Cooperate fully in any investigation of abuse, self-harm, or harm of others.
- Notify a program coordinator if I feel uncomfortable with a situation involving a youth or a youth is not respecting boundaries I have created.

## **As a volunteer, I will not:**

- Be currently using tobacco products, illicit drugs, or consuming alcohol to a drunk or intoxicated state. *If in recovery, volunteers must be one year into their recovery.*
- Pose any health risk to youth.
- Strike, spank, shake, or slap any youth.
- Humiliate, ridicule, threaten, or degrade any youth.
- Touch a youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates youth.
- Use profanity in the presence of youth.
- Make youth feel uncomfortable or scared.
- Communicate or have personal relationships with youth outside of Nordonia Y2Y or the Nordonia Y2Y Winter Retreat, programming and events.

*I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history. I understand that any action inconsistent with this Nordonia Y2Y Adult Volunteer/A-team Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth.*

*I understand that this Nordonia Y2Y Adult/A-team Volunteer Code of Conduct coincides with the Nordonia Hills School District Code of Ethics and one does not supersede the other, I am responsible for knowing and acting with regard to both documents.*

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Volunteer Printed Name

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Volunteer Signature

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Date

### **SCHOOL VOLUNTEERS**

The Board of Education recognizes the need to develop a volunteer program to support District instructional programs and extracurricular activities. The purpose of the volunteer program will be to:

1. assist employees in providing more individualization and enrichment of instruction;
2. build an understanding of school programs among interested citizens, thus stimulating widespread involvement in a total education process; and
3. strengthen school/community relations through positive participation.

A volunteer is a person who works on an occasional or regular basis at school sites or other educational facilities to support the efforts of professional personnel. Such an adult volunteer worker will serve in that capacity without compensation or employee benefits of any type, except for liability protection as provided by state law.

Use of volunteers within the District is not to conflict with or replace any regularly authorized personnel allotment.

Volunteers will work with students under the immediate supervision and direction of a school employee.

Volunteers are expected to comply with state and federal laws, as well as all rules and regulations set forth by the District.

Volunteers will be insured for industrial injury/illness and liability under the District insurance program.

### **VOLUNTEERS**

The Board recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the classified staff responsible for the conduct of those programs and activities.

The Superintendent shall be responsible for recruiting community volunteers, reviewing their capabilities, and making appropriate placements. She/he shall not be obligated to make use of volunteers whose abilities are not in accord with District needs.

The Superintendent is to inform each volunteer that she/he:

- a. is required to abide by all state and federal laws, as well as board policies and District guidelines while on duty as a volunteer;
- b. will be covered under the District's liability policy, but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers' compensation;
- c. may be required, at any time, to provide a set of the volunteer's fingerprints for the purpose of conducting a criminal records check;
- d. will be asked to sign a form releasing the District of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services.

The Superintendent shall also ensure that each volunteer is properly informed of the District's appreciation for his/her time and efforts in assisting in the operation of the schools.

## VOLUNTEER RELEASE FORM

I have, \_\_\_\_\_, offered my services as a volunteer to help the  
(Print Volunteer's Name)

Nordonia Hills City School District in the following areas: Nordonia Y2Y Winter Retreat

I agree to abide by all relevant state and federal laws, including, but not limited to O.R.C. §3319.321 and the Family Educational Rights and Privacy Act ("FERPA"), 20 USC 81232g, as well as Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, I have been informed that I may be required at any time to provide a set of fingerprints and successfully pass a BCII criminal records check.

I agree to respect the privacy interests of District students and their families. To that end, I agree not to create student educational records, or otherwise record the educational activities undertaken during the school day, without the prior approval of the District employee serving as my immediate supervisor. I further agree not to disclose student educational records, or discuss or otherwise reveal personally identifiable information about a student, without the prior authorization of the District employee serving as my immediate supervisor.

If, in the judgment of the District Superintendent, I have failed to abide by the terms set forth in this Volunteer Release Form, I understand that I will be immediately relieved from my status as a volunteer and will be precluded from serving as a District volunteer in the future.

Volunteer's Signature \_\_\_\_\_

District Witness \_\_\_\_\_

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.

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

## **Keep this Sheet**

**Please note:** You may only have ***bottled water*** in the sleeping cabins  
this is a Hiram House Camp's rule!

**Absolutely NO** snacks, candy, food or beverages  
in the sleeping cabins!

### **Winter Retreat Suggested Packing 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 you must check them in with the EMT and Mrs. Christy.

\*Regina 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 - 8:00p.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