BUILT TO LAST!

Edmond Memorial's 4th Annual Leadership Retreat September 6-7, 2014

Traditionally know as BLT (Bulldog Leadership Training), Edmond Memorial's annual leadership retreat is an opportunity offered by few schools throughout the nation. This retreat is open to any EMHS student (grade 9-12). The weekend is full of planned activities designed to expose participants to positive, creative ways to work with others and to learn specialized leadership skills and qualities. Participants are placed in large and small group sessions that will encourage them to reflect on their own strengths and weaknesses and how they function in a group, while giving them direct contact with the school's staff in a unique setting, an expanded friendship circle, and a lot of positive feedback!

Following are frequently asked questions about the retreat:

- **How many delegates may attend?** In order to maintain the quality and impact of the retreat, we must limit the number of delegates to 130.
- How do I register for the retreat? Read through this packet, and complete the registration form, permission form, and BLT medication form. Bring completed forms and \$85 cash or check (made payable to EMHS) to Mrs. Killackey. All forms and money are due by August 29, 2014 or until all spots are filled. Spots are filled on a first-come, first-served basis.
- What if I bring my registration information, but not my check? You may not register for the retreat until you are able to turn in completed forms and registration fee.
- **Is there a waiting list?** Yes, again this is a first-come, first-served basis. You will be notified if a delegate cannot attend. Your registration forms and cash or check will be due in 24 hours, or we will call the next person on the list.
- Can I sign someone up in my cabin that will register later? No.
- Can we have more than 15 people per cabin? No.
- How much does the retreat cost, and what does that fee cover? The cost is \$85 per delegate. This registration fee covers the cost of lodging, meals, transportation to and from Canyon Camp, retreat books and supplies, t-shirts, delegates' take-away gifts, staff/chaperones' expenses and appreciation gifts, and service project expenses.
- Are there any refunds? No refunds will be available.
- Where is the retreat held? Canyon Camp near Hinton, OK. This is a Methodist Youth Camp with facilities second to none for this type of activity. Because the camp is in a canyon, cell phone use is not possible.
- What type of supervision is provided at the retreat? The retreat staff consists of school personnel, administrators, activity advisors, and possibly parents. This is an official school-sponsored activity with all school policies and rules in effect. We usually have 15-25 adults on the retreat staff.

Edmond Memorial's "Bulldog Leadership Training" Retreat Registration Form Date: September 6-7, 2014

Location: Canyon Camp and Conference Center

Name					MALE		FEMALE	
First	Last							
Cell #				2^{nd} H	lour Teacher			
Grade for 2014-2015	9	10	11	12				
T-shirt Size	S	M	L	XL	XXL			
Have you attended Edmo	nd Memo	rial's B	LT retr	eat befo	re?	YES		NO
How many years have yo	u attende	d BLT?						
Please complete if you had include all information you			re: Who	o were y	our group le	aders and yo	our team name	e? Please
2011 "Launching Tomorrow's Leaders"								
"Launching Tomorrow's Leaders"								
2012								_
2013								
"Built to Last"								
I realize I may not have a	choice, b	out I wo	uld like	to be pl	aced in a cal	oin with:		
								

Edmond Memorial's "Bulldog Leadership Training" Retreat Permission Form

Date: September 6-7, 2014 Location: Canyon Camp and Conference Center

Students will be under the direction and supervision of Mrs. Killackey and other Edmond Memorial Faculty and Staff Members. Buses will be used to transport students to and from Canyon Camp. At no time will any participant be authorized to leave the campgrounds or be outside the supervision of the Edmond Memorial Faculty and Staff.

Student Participation Statement

Please read each statement below:

- I will abide by the retreat rules. I will be prompt, attentive and will participate in all aspects of the retreat. I understand that I must participate completely to get the full impact of the retreat.
- I understand that this is a school-sponsored activity with staff of Edmond Memorial and all school rules and policies are in effect as stated in the student handbook.
- At the announced curfew, I will be in my cabin and will remain there (including hands, feet, and objects that I have brought or obtained while in the cabin). Additionally, at no point am I allowed to be in the cabin of members of the opposite gender.
- If a school rule or retreat rule is broken, I will be sent home. My parents will be called and are required to pick me up at the expense of my family. NO refund will be given if I am sent home.
- I understand that I will help clean up my cabin, group meeting area, and the ground of the camp prior to departure as directed by the sponsor. Furthermore, I understand that I am responsible for any and all damage done to the buildings, grounds or facilities.
- I understand that paying \$85 guarantees my spot at the leadership retreat. However, my money is non-refundable if I decide not to attend unless another delegate of the same gender is willing to take my spot.

I,	want to develop my potential as a person and work toward becoming		
	ool. I will adhere to the conduct codes and rules of the school and retreat.		
Signature of Participant:	Date:		
Pa	arent Authorization and Medical Release		
prescribed activities. In the event of a Leadership Training necessitating med procure such medical treatment as ma undersigned parent/guardian agrees to	, as a participant of BLT, is permitted to engage in all accident or illness occurring to the participant while in attendance at Bulldog dical treatment, the undersigned parent/guardian hereby authorizes the staff present to y be reasonably necessary for the above named participant. In such event, the hold harmless Edmond Memorial High School, the Edmond School District, and the bility or expenses. I also request the staff to contact me by telephone as soon as ers if medical services are necessary.		
Parent/Guardian Name	Phone Number E-mail		
Should the above listed parent/guardia emergency, their relationship to the parents of the paren	an(s) be unavailable, please give the name of another person to contact in case of articipant, and their contact number.		
Name	Phone Number		
	ch was signed by my son/daughter, as well as the medical release statement and nission to attend the Ed. Memorial "Bulldog Leadership Training" Retreat.		
Parent/Guardian Signature	Date		
Health Insurance Company	Policy Number		

Thank you for your compliance and cooperation. If you have any questions, please contact the Retreat Coordinator, Elanna Killackey, at 476-0952 or e-mail her at Elanna. Killackey@edmondschools.net.

BLT MEDICATIONS FORM

To: Parents/Guardians

From: Mr. Justin Coffelt, principal & Elanna Killackey, BLT sponsor

This is to advise you that since BLT is a school-sponsored activity, it falls under the same Edmond School Board Policy for medications at school. **The only medications allowed to be carried by a student are those deemed for a life threatening conditions-asthma, allergies, diabetes, etc. All other medications (including over-the-counter medicine like Tylenol, Advil, etc.) must be turned in at BLT departure to Edmond Memorial staff & sponsors and be accompanied by parent/guardian written consent. No medications can be given without parent/guardian written consent per Oklahoma State Law.

Due to the number of students attending the BLT Retreat, for the retreat only, Edmond Memorial High School will furnish Tylenol and Benadryl. This medication will be administered by a designated Memorial school employee on an as needed basis. Please sign below and return this page. As stated above, medication cannot be administered without parent/guardian's written consent.

If your child needs medication other than Tylenol and/or Benadryl, then it is your responsibility to furnish the medication. Compliance with the following instructions is required:

- 1. The medication must be listed below along with instructions for administration. The medication must be turned in to a BLT sponsor upon departure to BLT.
- 2. Medication must be in the original prescription or over-the-counter container. Each container must be labeled with the student's name, the name of the medication, dosage and instructions for administration.
- 3. Birth control does **not** fall under this restriction and may be used by the student at her discretion.
- 4. Non-prescription inhalers will **not** be permitted.
- 5. Prescription inhalers **may** be carried by the student and self-administered under the same rules and conditions as the regular school day.
- 6. Aspirin or aspirin derivative products will **not** be permitted without doctor's orders. This includes overthe-counter aspirin.
- 7. No herbs, vitamins, nutritional supplements will be permitted without doctor's orders.
- 8. In the absence of any of the above, medications will not be given and/or allowed at BLT.

My son or daughter, Tylenol and/or Benadryl (or generic equivalents) 1-2 tablets a BLT Retreat.						
My son or daughter may take the following prescription medications while at BLT: (Please list dosage)						
Parent/Guardian Signature	Date					