

**MEDICAL EMERGENCY FORM**

(Must complete one for each child under 18)  
(Optional for Adults)

Name \_\_\_\_\_ Age \_\_\_\_\_

Can participate in full physical activity?

Yes \_\_\_ No \_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please comment on any behavioral or health, issues (including allergies) that would help the children's program leaders: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In event of emergency, call:

Name \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

In event that above cannot be reached, please

\_\_\_\_\_Use your best judgment (includes permission to authorize medical treatment or surgery if necessary)

\_\_\_\_\_Other – Specify \_\_\_\_\_  
\_\_\_\_\_

Health Insurance Company: \_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**SPONSOR INFORMATION: Required for those under 18 attending without parent(s).**

Sponsor's Name \_\_\_\_\_

Monthly Meeting \_\_\_\_\_

*It is understood that the sponsor acts in loco parentis*

Parent/Guardian Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Adult Program:** We invite Friends to a workshop at Spring 2014 Quarterly to help us speak truth--not to power but to our majority privilege--in those difficult conversations about oppressed minorities due to disabilities, gender, national origin, race, sexual orientation, and other experiences and world views. Spring 2014 Quarterly seeks to build community, celebrate diversity, and encourage inclusion through intergenerational, adult and children's programming. Walking in the light is not without struggle, but we see this Quarterly as one baby step of many we intend to take over the next five years to learn:

How to be an active rather than a passive ally;

How to become a community of allies welcoming those who feel marginalized;

How to put our testimony of equality into daily practice.

Please join us as we look within ourselves, reach out to one another, examine our world/s closely, listen to one another's truths carefully, and joyfully come together as a rich faith community.

**Saturday evening** we'll have a sing-a-long celebrating the life of Pete Seeger and investigating ways we can lift our own voices joyfully in the pursuit of peace, justice, and equality.

**The Children's Program** will echo the adult theme.

**Central Illinois Lutheran Camp Association (CILCA).** Camp CILCA's 210-acre wooded campus lies 12 miles SE of New Salem State Park, 7 miles N of Springfield on route 29, and 4 miles W on Andrew Road. From I-55, take Exit #105 (Sherman) and travel S to the first traffic light, turn right (W) and go 7.5 miles to camp. See www.cilca.org for a map, Google 4124 Camp CILCA Rd, Cantrall, IL 62625 or call (217) 487- 7497.

Program and Registration Form for the Spring Gathering Of The

**Blue River Quarterly Meeting**

of the Illinois Yearly Meeting Religious Society of Friends

April 11-13, 2104

*Beads of Privilege: Speaking Truth to Our Own Power*



Facilitators: Judith Wolicki & Barb Harroun

**Children's Program Music, Art, & Outdoor Play** (weather permitting) graciously provided by members of Champaign-Urbana Meeting.

Joyfully held at Camp CILCA, 4124 Camp CILCA Rd, Cantrall, IL 62625 (NW of Springfield, IL).

## BRQ SCHEDULE

(All meals and adult programs will be in the Christian Growth Center [CGC]; Youth program will be in the Retreat Center)

### Friday, April 11<sup>th</sup>

5:00 – 7:30 Registration/Brown Bag Supper

7:30 – 9:00 Informal Fellowship/Getting Acquainted

### Saturday, April 12<sup>th</sup>

7:15 – Early Worship

8:00 – Breakfast (Please arrive on time)

9:00 – Noon Wee Friends

9:00 – 10:15 Inter-generational Program:  
Beads of Privilege

10:15 – 10:30 Short Break/Children to program

10:30 – 11:00 Adult discussion of Beads of Privilege

10:30 – Noon Children's Program

11:00 – Noon ILYM Planning Meeting

Noon – 1:00 Lunch (Please arrive on time)

1:00 – 3:00 Free time

3:00 – 5:00 Wee Friends

3:00 – 5:00 Children's Program

3:10 – 5:00 BRQ Business (Please bring State of Society Reports)

5:00 – 5:30 Young Friends will come to collect us and share their experiences

5:30 – Dinner (Please arrive on time)

6:45 – 8:15 A Celebration Sing-a-long of Pete Seeger

8:15 – Bonfire with singing & S'mores

### Sunday, April 13<sup>th</sup>

8:00 – Breakfast (Please arrive on time)

9:30 – 11:30 Wee Friends

9:30 – 10:30 Inter-generational Ally Training:  
Interrupting Offensive Behavior

10:30 – 11:15 Children to program

10:30 – 11:30 Meeting for Worship

11:15 Children join Worship

12:00 – 1:00 Dinner (Please arrive on time)

1:00 Clean up and goodbyes

**Children's Programs** are in the Retreat Center during adult program times. Parents are responsible for their children at all other times.

**Volunteer Signup.** Friends who are able are encouraged to sign up for volunteer activities (assisting with the children's program, Sunday cleanup, etc) at on-site registration.

**Housing Costs:** Christian Growth Center (CGC) has 14 bedrooms with 1 double bed & 1 set of bunk beds, with a bathroom. Cost is \$60 per room/night. Bedding provided. Mattresses are available. Retreat Center has Men's Dorm & Women's Dorm, and a half-bath on the first floor. Family Dorm and shower/bathrooms in the basement, \$17 adult/night. *Bring your own bedding.*

**Meal Costs.** Breakfast: \$6; Lunch: \$7; Dinner: \$8. Sunday noon is a Dinner. BRQ absorbs the Food & Housing costs of participants under age 19. Please donate as you can to cover them. All meals will be in the Christian Growth Center.

**Alternative Meals:** If anyone wishes to prepare their meals in the Retreat Center and has questions, call Bobbi Trist at 217-766-1335. We have use of the small kitchen with stove, fridge, and dishes.

**Registration.** Please register by **March 26** to Grayce Mesner, 309-246-8397, [grayceneil9@pcwildblue.com](mailto:grayceneil9@pcwildblue.com) or 1262 Richland Rd. Lacon, IL 61540. *Bring or send a medical emergency form for each person under 18!*

**Other Possible Things to Bring:** Snacks, flashlights, hiking shoes, towel, fishing pole & tackle, organization displays, games and toys, musical instruments, and copies of music, especially Rise Up Singing & the new Quaker Hymnal.

## REGISTRATION FORM

**Family Names:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Monthly Meeting:**

\_\_\_\_\_  
**Date of Arrival:**

\_\_\_\_\_  
**Date of Departure:** \_\_\_\_\_

**Special Needs:**

Name	Age	Housing*

\* Please indicate: CGC for bedroom, M- Men's Do  
W-Women's Dorm, F-Family

**Nights in CGC x # room x \$60=  
Nights in Dorm x # adults x \$17=  
Adult Breakfasts x # adults x \$6=  
Adult Lunches x # adults x \$7=  
Adult Dinners x # adults x \$8=  
Registration\*x # adults \$15-30=  
Other Donations:**

**Total included:**

*\*Registration is \$15 to 30 per adult on a sliding scale. No one should hesitate to attend because of financial reasons. Please just pay the amount you can afford and join us.*

**Make checks payable to Blue River Quarterly.**