

TRINITY PRESBYTERY'S

GREAT BIG YOUTH RETREAT

2017

NOVEMBER 17-19

Trinity Presbytery's retreats are organized and facilitated by Trinity Presbytery's Youth Council, which is made up of high school students from various churches throughout the Presbytery. This is a high-energy retreat with incredible opportunities for fellowship, worship and praise, through keynote, small groups, recreation, music and much more!

WHAT: Trinity Presbytery's Great Big Youth Retreat

WHO: All youth (6th-12th grade) in Trinity Presbytery!

WHEN: Friday, November 17 - Sunday, November 19, 2017

WHERE: Blue Ridge Assembly, Black Mountain, NC

FEE: \$160

REGISTRATION: To register, please fill out the form on the back side of this flyer and return to your youth leaders.

YOUTH LEADERS: please use this information to complete the online registration for your group at www.trinity-presbytery.org.



Trinity Presbytery Great Big Youth Retreat

November 19 - 21, 2017 YMCA Blue Ridge Assembly

Participant Registration Form

This form is provided for the use of Trinity Presbytery's Churches in collecting necessary data from retreat registrants to complete the online registration process.

PLEASE NOTE: It is the responsibility of each church to bring hard copies of parental permission/consent forms, health forms, and other information necessary to provide for the care and protection of program participants.

By registering online, participants, participant families and churches agree that all necessary information concerning permission/consent for participation and consent for emergency treatment has been provided to and received by the local congregation participating in this retreat.

Participant Name: _____

Participant Category:

☐ Youth ☐ TPYC Member – Youth

☐ Church Chaperone ☐ TPYC Member – Adult

Participant Phone: _____

Participant's School: _____

Participant's Email: _____

Participant Address (Street, City, State, ZIP): _____

Parental Permission/Permission to Treat Form

I give permission for my youth, _____, to participate in the 2017 Trinity Presbytery Great Big Retreat. I certify that my youth is able to participate safely in routine activity, and I have noted below any limitations to be observed. I am aware that the youth will be transported in church buses and/or advisor vehicles when necessary. I expect that my youth and the adults involved will be responsible in following normal guidelines for safety and purposeful involvement. I give my permission for the adult advisors to seek emergency medical treatment for my youth in case of accident or illness in the event I cannot be reached. I further authorize the adult advisors to consent to any examinations, x-ray, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any licensed physician or surgeon.

PARENT SIGNATURE: _____ DATE: _____

HOME PHONE: _____ WORK PHONE: _____

Insurance Information (Group/Name/Number, etc.): _____

****PLEASE INCLUDE A COPY OF BOTH SIDES OF INSURANCE CARD****

Please list limitations, allergies, or other important information for the youth minister/advisors.

Please list two emergency phone numbers and the contact person for that number

(one number can be your own)

1) Contact Name/Relationship _____ # _____

2) Contact Name/Relationship _____ # _____