



Youth Mission Team Presents
Missouri Union Presbytery

FALL Youth Retreat

For all youth grades 6th through 12th

November 1st & 2nd, 2019

**MISSION:
POSSIBLE**

**FIRST CHRISTIAN CHURCH
MARSHALL, MISSOURI**



Youth Mission Team Presents
Missouri Union Presbytery
Fall Youth Retreat

MISSION:
POSSIBLE

BEGINS: Friday, November 1, 2019 @ 7:00pm

ENDS: Saturday, November 2, 2019 @ 7:00pm

HOSTED BY: Covenant Presbyterian Church of Marshall

SITE LOCATION: First Christian Church
130 N. Jefferson Ave, Marshall, MO 65340

COST: \$20 Covers 3 meals on Saturday and all activities

Make checks payable to "MUP" or "Missouri Union Presbytery"

WHAT TO BRING: Bible; sleeping bag; pillow; air mattress (if desired); flashlight; weather appropriate clothing (dress layers), "old clothes" that can be worn while doing service around the town; comfortable tennis shoes fit for running/ walking; jacket; and personal items.

WHO CAN COME: ALL YOUTH GRADES 6TH THROUGH 12TH

QUESTIONS: Contact the Youth Mission Team

Michael Moore - Mexico (573-473-1741)

Mary Riley - Moberly (573-489-1929)

Jason Hilkerbaumer - Camp (573-307-0650)

Michele Yoder - Kirksville (618-830-1222)

Contact the Site Coordinator

Rachel Guthrey - Marshall (660-815-3298)

DEADLINE: October 18, 2019

Parent Permission Form with Health and Prescription Card copies and the retreat cost, must be completed and returned to your Youth Pastor/Leader OR

Michael Moore, 400 Lakeview Rd, Mexico, MO 65265

Missouri Union Presbytery - Release Form

Fall Youth Retreat - November 1 & 2, 2019

Participant Information

Male Home

Female Church _____

Name _____

Date of Birth _____ Age _____ Grade _____ Home Phone _____

Address, City/State/Zip _____ Participant Cell _____

Participant Email Address _____

NOT Parent/Guardian Email

T Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

Parent/Guardian Information

Name _____ Phone _____

Email Address _____

Other Emergency Contact _____ Relationship _____ Phone _____

Medical Information

Current Prescription Medications: (Please list drug and dosage)

Name of the Family Doctor or Clinic: _____ Phone _____

Health insurance carrier: _____ Policy/Group No. _____

Photocopy of front and back of HEALTH INSURANCE CARD /PRESCRIPTION CARD must be with this form

Medical Diet Restrictions: _____

Chronic or recurring illness or medical condition: (list and explain any info we would need to know)

Please submit a physician's statement regarding any condition which may limit youth participation

IMPORTANT - MUST BE COMPLETED FOR ATTENDANCE: To my knowledge, this health history is correct and complete. The person described and named above has permission to engage in all camp activities except as noted. I give permission to Missouri Union Presbytery to provide routine health care, administer prescribed medications or Tylenol/Advil if needed, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Missouri Union Presbytery to arrange related transportation for me/my child. In the event I cannot be reached in an emergency, I also give permission to the physician selected by the Presbytery to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for use of transportation. I give permission for my child/me to participate in all regular event activities and for pictures taken of me and/or my child during the retreat to be used for presbytery publicity, including but not limited to website or social media.

Participant/Guardian Signature _____ Date: _____
if not over 18

Opt Out of photo release - Initial _____