

The Spring Retreat will be a fantastic time of:

- Fellowship
- Mission
- Fun
- Urban Outreach
- Games
- Working with others
- Devotions
- ...AND MORE



Where:
Reid Memorial Presbyterian
Church
&
Augusta Local Missions

Cost: \$ 35

To Register - complete the Registration form, turn into your church leader, have your church leader email a group form to Kathy Boardman and fill out all medical and release forms with appropriate signature to turn in on arrival.

Finally, the Youth Council has always made a commitment to help any student who desires to participate but may be unable to due to financial hardships. Those families should contact their church youth leader to speak with Kathy Boardman and it will be dealt with confidentially.

Possible Mission Sites include:

- Golden Harvest Food Bank
- ReStart Augusta (building)
- GAP Ministry (construction)
- Bridge Ministries (feeding)
- Julie's House (clothing)
- Ronald McDonald House
- Ice Box Ministries (construction)
- Uptown VA (visiting)
- Local Nursing Home (visiting)

Due to assigning service and action groups, March 7th deadline to register is a required and necessary deadline.



Keeping in mind that different mission opportunities accommodate different numbers and ages, we will do our best to meet your interest. Please choose two ministry sites of interest:

1. _____

2. _____

Spring Retreat - Youth Registration Information

Name: _____ Age (as of Mar. 17) _____ Grade _____
Address: _____ City: _____ Phone: _____
Email Address: _____ Church: _____
Parent or Guardian Responsible: _____ Relationship: _____
Primary Number: _____ Secondary Number: _____

I understand that by registering my child I am committing my child to attend the Presbytery of Northeast Georgia Spring Retreat at Reid Memorial Presbyterian Church of Augusta. I understand that the \$35 payment is non-refundable.

Parent Signature _____ Student Signature _____

What to Pack:

(Pack lightly.)

Sleeping Bag or Blanket & Sheets
Pillow
Air mattress
Flashlight
Toiletries
Bath Towel and Wash Cloth
Church Clothes for Sunday
Weather Appropriate Clothing
Comfy Clothes for downtime
Long Pants
A Shirt with long sleeves
Clothes for sleeping
sweater/sweatshirt
Closed toed shoes
Bible

Optional Items:

Additional Snacks
Travel Games, Frisbees, Cards, etc
Camera

What Not To Bring:

Radios, CD Players
Electronic or Computer Games
Expensive Jewelry
Alcohol or Non-prescription drugs
Lots of Money

PRESBYTERY OF NORTH EAST GEORGIA

Presents...



Change in Action

A Spring Retreat focused on
serving others, making friends
and having fun.

March 17-19, 2017

**Deadline: Tuesday,
March 7th, 2017**

For: 6th grade-12th grade students

Presbytery of Northeast Georgia Spring Retreat Church Group Registration Form

FINAL Registration Deadline: March 7th, 2017

Leader: Please complete this form and email to Kathy Boardman at boardman.kathy@gmail.com. Collect all individual registration forms and completed and signed release forms to turn in on arrival at the spring retreat on March 17th. Students must have a completed and signed release form by a parent/guardian to attend.

Church: _____

Church Address: _____

Leader Name: _____

Email address/phone #: _____

Reminder: You must send at least one male adult if you send any boys and one female adult if you send any girls at the ratio of 1 adult per 6 youth. Please note students' name and grade. You may combine with another church to fulfill this ratio. Please note which church you are combining with. All leaders must be at least 21 years old. Sorry no registrations will be accepted after March 7th.

Boys

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
10. _____

Male Leader(s):

1. _____
2. _____
3. _____

Girls:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
10. _____

Female Leader(s):

1. _____
2. _____
3. _____

Total Boys _____ + Total Men _____ x \$35 = _____

Total Girls _____ + Total Women _____ x \$35 = _____

TOTAL: \$ _____

Please send check to Presbytery of Northeast Georgia with "Youth Retreat" in memo of check mailed to **Presbytery of Northeast Georgia, 186 Ben Burton Circle, Suite 100, Bogart, GA 30622**. Please direct any questions to Kathy Boardman at boardman.kathy@gmail.com.

Reid Memorial Presbyterian Church

Medical and Liability Release Form

Youth and Adult participants please fill out the following section:

Note to Participants: This form (1) waives Reid Memorial Presbyterian Church and/or Northeast Georgia Presbytery, Inc., from all liabilities from damage, injury, illness, death to Presbytery Spring Retreat participants (2) gives the Reid Memorial staff and your group leader's authorization to secure medical aid for your youth should it be necessary.

I/We the undersigned parent(s) or guardian(s) of (youth participant) _____ or the adult participant (adult participant) _____ hereby acknowledge that participants will be participating in the Presbytery of Northeast Georgia's Spring Retreat 2017 or related activities and will be using facilities at the participants' own risk. I/We on our own behalf, hereby release, discharge and indemnify Reid Memorial Presbyterian Church, and/or Northeast Georgia Presbytery, Inc., its directors, officers, employees, agents and all volunteer personnel from all liabilities, claims and causes of actions or action of any type whatsoever arising out of or in any way connected with my participation in the activities of Northeast Georgia Presbytery's Spring Retreat, including but not limited to liabilities of damage, injury, illness and death to the mission participants or their property during their participation in or travel to or from any Northeast Georgia Presbytery mission experience or related event. I/We agree to pay any and all expenses incurred by group participant for damage, injury, illness, accident, and death.

I/We the undersigned hereby authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish my youth, named above, any medical care and treatment necessary as a result of injuries sustained, or other emergency medical care and treatment as the circumstances require, while at the church, while being transported from and back to the church, and while at the place of destination. I/We the undersigned further authorize a representative of Reid Memorial Presbyterian Church or _____ (your church name) to retain or acquire said medical care and treatment in behalf of the undersigned as if personally done by me/us.

This ____ day of _____ (Month), _____ (Year).

Emergency Contact: _____ Relation: _____

Home Address: _____

Phone Number: HOME (_____) _____ Work Number of Contact stated above () _____

Participant Name: _____

Insurance Information: _____

Group Number: _____

Physician: _____ Phone #: _____ (_____) _____

Please circle if you have been or being treated for any of the following:

Diabetes Elevated Cholesterol Asthma

Other: _____

High Blood Pressure Back Pain Heart Disease

Epilepsy Muscular Problems Arthritis

Date of last tetanus shot: _____

Please list all medications that you are currently taking: _____

ALLERGIES: _____

By signing below, indicates I have filled out the above information correctly and will abide by group rules for the weekend. I also permit the taking and use of photographs, audio, and video of my children/myself during the course of this event to be used in church and presbytery publications and materials only. I relinquish any right to examine and approve the completed materials prior to publication and release Reid Memorial Presbyterian Church and/or Northeast Georgia Presbytery from any liability.

Signed, Retreat participant (adult and youth) _____

Parent(s)/Guardians(s) of youth under 18 only _____