

The Presbytery of West Virginia's Youth Council presents the:

2019 Younger Youth Retreat

(for youth in grades 6-8 and adults who work with them)

"GAME ON"

led by the

Presbytery of West Virginia YOUTH COUNCIL

Friday, March 1- Sunday, March 3, 2019

Cedar Lakes Conference Center
Ripley, WV

Focus: Throughout our lives, we experience ups and downs, wins and losses, highs and lows. In the midst of stressful situations or joyful celebrations, we find tools to help us get through the challenges as we live together in the community of faith. This retreat will explore some of the tools we've been given as we journey through the game of life.

Ask your pastor, clerk of session or youth leaders for more information, or find it at www.wvpresbytery.org.

Questions? Contact Susan Sharp Campbell, susan_sharp_campbell@hotmail.com or 304-645-4568

Registration deadline is Monday, February 18, 2019!

SCHEDULE (subject to slight tweaking)

Friday, March 1

7:30-8:30 p.m.	Registration and Gathering Activities
8:30	Energizers/music/welcome
9:00-9:45	Small Groups
9:45	Snacks; adult orientation
10:15	Evening Prayer
10:30	In Cabins and Cabin devotions

Saturday, March 2

8:00 a.m.	Breakfast
9:00	Energizers, music
9:20	Theme Explorations
Noon	Lunch
1:00 p.m.	Energizers/Music/Special Presentations
	Mission Project
	Recreation Activities
3:30	Theme Exploration
5:00	Dinner
6:00	Energizers/Music
6:15	Avatar Preparation
7:15	Avatar Showcase
8:00	Recreation and Snacks
9:45	Evening Prayer
10:00	In Cabins and Cabin devotions

Sunday, March 3

8:00 a.m.	Breakfast/pack/clean cabins
9:00	Energizer/Music
9:15	Theme Exploration
10:15-11	Worship

The Presbytery of West Virginia's Youth Council
presents the:

2019 Younger Youth Retreat



March 1-3, 2019
Cedar Lakes Conference Center
Ripley, WV

Focus: Throughout our lives, we experience ups and downs, wins and losses, highs and lows. In the midst of stressful situations or joyful celebrations, we find tools to help us get through the challenges as we live together in the community of faith. This retreat will explore some of the tools we've been given as we journey through the game of life.

Theme Presenters: Presbytery of WV Youth Council

Important Registration Information FOR YOUTH AND ADULTS

Who: This retreat is for youth in grades 6-8 and their adult advisors. There must be one adult for every 7 youth registered. The name of the adult who will be responsible for youth on site is needed at the time of registration.

When: The retreat will begin with **registration from 7:3-8:30 p.m.** on Friday, March 1, and end with worship around noon on Sunday morning. The first meal served will be Saturday breakfast; the last meal will be Sunday breakfast.

Cost: The cost for each participant, youth or adult, is \$75. Registrations can be made online, by mail or by fax (304-744-7649); no phone registrations will be taken.

Registration deadline: Monday, February 18. If you have questions about registering youth with special needs or potential conflicts, please contact Susan Sharp Campbell at 304-645-4568 prior to February 20. Cabin assignments are made as registrations are received. Late registrations will be accepted if there is room available; contact Susan.

ADULT ADVISORS - PLEASE NOTE

Each adult planning to attend the retreat must return a **completed Volunteer and Information Form** and a **Release Authorization** no later than **Monday, February 18**, or have completed and returned one in the last 12 months. Once registered, adults will be emailed the Presbytery's Child Protection Policy; this should be read prior to arrival. There will be an adult orientation on Friday evening at which time adult participants will be asked to sign that they have read this.

WHAT TO BRING - Each participant

- ✓ A Bible
- ✓ Warm clothes
- ✓ Sleeping bag or twin bed sheets, and a pillow
- ✓ Towels and toiletries
- ✓ Flashlight
- ✓ Completed Covenant Form and Medical Release Form
- ✓ Mission project supplies – see below

Please **DO NOT BRING** electronic items and/or valuable jewelry. We cannot be responsible for lost items.

EACH GROUP IS ALSO ASKED TO BRING SNACKS TO SHARE.

Mission Project:

Our Mission Project this year is Hygiene Kits. **Each participant** is asked to bring the following in **TRAVEL SIZE** (everything will be put in a gallon bag):

- toothpaste
- toothbrush
- deodorant
- disposable safety razors
- soap
- shampoo and conditioner
- washcloth
- lotion

These will be shared with food pantries and other agencies in the presbytery.

CELL PHONE POLICY

Cell phones shall not be used during scheduled activities (including but not limited to: keynote, small groups, recreation, meals, energizers, music and worship). This includes all cell phone use – calls, texts, games, listening to messages, etc. Misused cell phones are subject to confiscation.

In the event of an emergency, Susan Sharp Campbell's phone is 304-667-9428.

Registration for 2019 Younger Youth Retreat, March 1-3, 2019

Church _____ Phone _____

Contact Person _____

Phone and email of contact person _____

Name	Grade	M/F
1 _____		
2 _____		
3 _____		
4 _____		
5 _____		
6 _____		
7 _____		
8 _____		

Additional names may be placed on the back.

Responsible Adult(s) (you need 1 adult for each 1-7 youth.) If your group has both male and female youth, you are requested to have at least one male and one female adult. Emails are very important here!!!!

1 _____ email _____
2 _____ email _____
3 _____ email _____
4 _____ email _____

Mail this form with a registration fee of \$75 per person to:

Younger Youth Retreat
Presbytery of West Virginia
520 Second Avenue
South Charleston WV 25303

REGISTRATION DEADLINE IS 2 P.M. MONDAY, FEBRUARY 18, 2019.

Please make check payable to Presbytery of West Virginia

Volunteer Information Forms and Release Authorizations (included in retreat email) for all registered adults must be returned with registration form.

Questions?

Susan Sharp Campbell, Associate for Educational Ministry, (304) 645-4568 or
susan_sharp_campbell@hotmail.com

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

YOUTH

MEDICAL RELEASE FORM and INSURANCE INFORMATION

Youth Events – Presbytery of West Virginia

To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia YOUNGER YOUTH RETREAT, March 1-3, 2019. Please send it with your youth to the retreat.

I give permission for my child, _____,
to participate in the Younger Youth Retreat, March 1-3, 2019, at Cedar Lakes Conference Center.
In case of emergency, I give my permission for medical treatment. Please reach me at one of the
following telephone number:

Day _____ Night _____. In the event I cannot be reached in the case of an
emergency, please contact: _____

who is _____ (relationship to youth)
at phone number: day _____ night _____.

Signature of Parent _____

Print Name _____

Address: _____

INSURANCE INFORMATION: This needs to be completed each time. Please do not assume the presbytery has this on file. This form will be shredded after the retreat.

Company: _____

Address: _____

Policy Number: _____ Name of insured _____

Address: _____

Current Medications: _____

Allergies _____

Surgeries: _____

Special Needs, dietary or otherwise _____

Please circle if your child has a history with any of these medical problems:

Hay Fever

Convulsions

Lung Problems

Bee stings

Blood Pressure Problems

Ulcers

Fainting

Cancer

Kidney Problems

Asthma

Heart Disease

Diabetes

Sulfa Drug Allergic Reaction

Poison Ivy or Oak

Penicillin Allergic Reaction

Anything else the leaders of this retreat should know about your youth?

Name _____

ADULTS

MEDICAL RELEASE FORM and INSURANCE INFORMATION
Youth Events – Presbytery of West Virginia

To be completed by each Adult participant at the Presbytery of West Virginia YOUNGER YOUTH RETREAT, MARCH 1-3, 2019. PLEASE BRING WITH YOU.

While we hope to never have to use this information, in the event that something happens such that you are unable to provide this, you are asked to complete the following.

INSURANCE INFORMATION: This needs to be completed each time. Please do not assume the presbytery has this on file anywhere. This will be shredded after the retreat.

Company: _____

Address: _____

Policy Number: _____ Name of insured _____

Address: _____

Current Medications: _____

Allergies _____

Surgeries: _____

Special Dietary Needs _____

Please circle if you have a history with any of these medical problems:

- | | | |
|------------------------------|-------------------------|-----------------|
| Hay Fever | Convulsions | Lung Problems |
| Bee stings | Blood Pressure Problems | Ulcers |
| Fainting | Cancer | Kidney Problems |
| Asthma | Heart Disease | Diabetes |
| Sulfa Drug Allergic Reaction | Poison Ivy or Oak | |
| Penicillin Allergic Reaction | | |

Other Illnesses or Conditions: _____

In case of emergency, please contact _____ who is

_____ in relationship to me at phone number

Day _____ Night _____ . In the event I am in need

of immediate medical care, I give permission for those in charge of the retreat to seek appropriate medical care for me, if I am unable to do so for myself.

Covenant Form
For All Participants
Do Not Mail
Bring to Retreat

Name _____

Address _____

Age _____ School Grade _____ M ___ F _____

Church _____

I agree to abide by the following Retreat Covenant:

In coming to this retreat, it is important to remember that I am participating in a Presbytery-sponsored event, and am in a Christian setting. I promise to follow the Retreat Covenant and I will:

- ◆ Not bring or use tobacco;
- ◆ Not bring or use illegal drugs, alcohol, or weapons;
- ◆ Abide by the scheduled curfew;
- ◆ Follow the schedule, try to be prompt, and participate in all activities;
- ◆ Not visit a cabin assigned to the opposite sex;
- ◆ Respect the environment by caring for all buildings, putting trash and materials for recycling in proper containers, not wasting food, taking a brief shower, etc.;
- ◆ See the designated person for medical care;
- ◆ Help clean my cabin on Sunday morning.
- ◆ Abide by the retreat cell phone policy (see below)

Signature _____

Retreat Cell Phone Policy (developed by Youth Council)

Retreats are an opportunity to get away from the normal routines of life. Therefore, you are encouraged to leave your cell phone at home in order to facilitate building a new community in a limited amount of time. Cell phones shall not be used during scheduled activities (including but not limited to: keynote, small groups, recreation, meals, energizers, music and worship). This includes all cell phone use – calls, texts, games, etc. Misused cell phones are subject to confiscation. Adult leaders at the retreat will have cell phones available for emergency calls. In the event of an emergency, Susan Sharp Campbell's phone is 304-667-9428.

BACKGROUND CHECK CONSENT FORM

Applicant should complete all relevant information and sign and date the form

PLEASE WRITE LEGIBLY!

Applicant's Name (Printed): _____
FIRST MIDDLE LAST

Maiden Name: _____

Other Names Used: _____ Telephone: _____ Gender: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____/_____/_____

*NOTE: The above information is **required** for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. Presbytery of West Virginia abides by all applicable state and federal employment laws.

ADDRESSES (for the past 7 years)

Present Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you lived at this address? _____

Former Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you lived at this address? _____

Former Address: _____

City: _____ State: _____ Zip: _____ County: _____

How long have you lived at this address? _____

Please list all states and counties of residence since turning 18:

MOTOR VEHICLE RECORDS

Name as it appears on License: _____

Driver's License Number: _____ State of License: _____

I, _____, hereby authorize Presbytery of West Virginia, and/or their agents to make an independent investigation of my background, references, character, past employment, education, credit history, adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with Presbytery of West Virginia.

I release Presbytery of West Virginia and their agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used. The name above is my true and complete legal name and all information provided above is true and correct to the best of my knowledge:

Signature of Applicant

Date

APPENDIX A

**PRESBYTERY OF WEST VIRGINIA
INFORMATION FORM FOR WORKERS WITH
CHILDREN, YOUTH AND PERSONS WITH DISABILITIES**

1. Name (last, first, middle, maiden name)

If you have ever used another name, please indicate the name and the time period(s) used: _____

Current Address: _____

How long have you lived at this address: _____

How long have you lived in West Virginia: _____

Gender: M ___ F ___ Birth date: _____

Home Phone: _____

Place of Employment: _____

Work Phone: _____

2. *(skip number 2 if your position does not include driving)*

Drivers License Number: _____

Have you ever had your driver's license suspended or restricted for any reason? _____ If yes, please describe the dates and reasons for each such occurrence on the back.

3. Please answer the following questions:

Name of church in which you participate _____

How long have you been regularly participating _____

Are you a member? _____ Date you became a member? _____

4. Have you served as a volunteer at any church in the past ten years? If so, please state the name and address of the church, the pastor of the church, the time period(s) of your volunteer work and describe generally the nature of your volunteer work:

5. Have you served as a volunteer for any civic organization in the past ten years? If so, please state the name and address of that organization, the person overseeing the volunteer work the time period(s) of your volunteer work and describe generally the nature of your volunteer work. Please indicate which organizations involved working with children and youth.

6. Have you ever been arrested, charged, indicted or convicted for any criminal offense (misdemeanor or felony) other than a traffic violation? _____ (If yes, please explain on the back.)
7. Have you ever been subject to any disciplinary action, complaint or allegations that you violated any employer's or any organization's policy concerning sexual misconduct? _____ (If yes, please explain on the back.)
8. References: Please list the names, addresses, occupations, and telephone numbers of three people who are not related to you who are familiar with your character and abilities. References will be contacted.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Work Phone</u>	<u>Home Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. I understand and agree that:
 - a. All Information that I have provided may be verified. I agree to release from liability any person or organization that provides information concerning me, including these persons I have listed as references. I understand and agree that any information received will not be disclosed to me, and I hereby waive any right I may have to inspect any information provided about me by any person or organization identified by me on this form.
 - b. By signing this form, I certify and affirm that the information I have given is true, complete, and correct in all respects.
 - c. I have read, understood and agree to abide by the Statement of Policies and Procedures for the Protection of Children, Youth and Persons with Disabilities of the Presbytery of West Virginia.
 - d. [Only applicable to persons eighteen years of age and older] I have completed the release of information form.

Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____
(If under age eighteen)

This form is confidential and will be kept in a locked file.