



November 2018

Hello Middle School and High School Families,

We are offering an exciting youth event for all 6<sup>th</sup>-12<sup>th</sup> graders from SE Association UCC congregations. The idea is to help our youth grow spiritually while at the same time giving them time for fellowship. **“What Star Is This? A Planetarium Retreat” will begin with check in at Plymouth UCC from 7:00-7:30pm on Friday, December 7<sup>th</sup> and run through 10:00am, December 5<sup>th</sup>.**

This is an overnight event in which we will participate in a private show at the UWM Planetarium, and then walk back to Plymouth for Advent and star inspired games and devotionals.

Registration is limited - only the first 65 youth and adults who sign up will be able to participate. Sound interesting? If it does, here's what you need to do:

- Have your parents complete the enclosed permission slip and **return it to your church ASAP along with a \$15 registration fee. (Make checks out to your local church.)**
- Join us in Plymouth Church's Reception Hall between 7:00-7:30pm on 12/7.
- Bring a sleeping bag, pillow, basic toiletries, pajamas, one change of clothes, a snack to share, and a flashlight (optional). Do not bring cell phones, valuables, electronic toys, or money.

“What Star Is This?” is a great way for you to live your faith; we would love to have you join us, not only in the retreat, but also in praying with wonder and awe this Advent. Contact Leanne if you have questions – [leannerose215@gmail.com](mailto:leannerose215@gmail.com) or 920-284-6122.

Wishing you Grace and Peace,

Leanne Rose

# Registration Form

## What Star Is This? Planetarium Retreat Registration and Emergency Medical Release

December 7-8, 2018

### Youth Information

Child Name (with nickname, if preferred)	Grade	School	Church	Any Allergies?

### Mailing Address

Address	City	Zip code

### Family Information

Parent/Guardians' Names	Cell phone number/ Alternate phone number	Email address

**IN AN EMERGENCY, IF WE ARE UNABLE TO REACH YOU AT THE NUMBERS ABOVE WHOM SHOULD WE CONTACT?**

Name(s)	Relationship to Child	Phone Number	Alternate Phone Number

Should any of our staff or volunteers be aware of any learning needs or medical conditions in order to better understand your child? If so, please specify child and briefly explain:

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## HEALTH AND INSURANCE INFORMATION

FAMILY PHYSICIAN OR CLINIC	ADDRESS (STREET, CITY & ZIP)	PHONE NUMBER	FAMILY HEALTH INSURANCE

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport the children listed on this form for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

### Emergency Medical Authorization

I, \_\_\_\_\_, as parent/guardian of the above named child(ren), give my permission for him/her to attend and participate in the Sunday School and/or Youth Group program of Plymouth UCC Milwaukee. I assume the entire responsibility for losses, damages, demands, and claims based on any injury/alleged injury to persons, or damages/alleged damages to property to have been sustained in connection with these events or activities, and agree to hold harmless the church, its agents, servants, employees, and volunteers from any and all losses, expenses, damages, demands, and claims. I hereby release the leaders of this event, Plymouth United Church of Christ, the Southeast Association of the Wisconsin Conference United Church of Christ, the Wisconsin Conference of the United Church of Christ, and any individuals from, or in connection with, these organizations from any claim brought by anyone arising out of this event. Further, in the event of accident or injury, **I AUTHORIZE IMMEDIATE EMERGENCY MEDICAL SERVICES DEEMED NECESSARY FOR MY CHILD NAMED ABOVE, UNDERSTANDING THAT ALL ATTEMPTS WILL BE MADE TO CONTACT ME, AND/OR ANOTHER PARENT OR GUARDIAN OF THIS YOUTH PARTICIPANT, SHOULD HOSPITALIZATION OR MEDICAL TREATMENT BE REQUIRED.**

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Youth Covenant**

I realize that I am part of a group and that my attitude and behaviors affect the whole group. I promise to contribute to and not to distract from the sense of community in the group. I will work to build relationships and to make others feel safe, welcome and included. I will treat everyone as I wish to be treated – with kindness and respect. I will be sensitive to and accepting of the many differences I find among the members of my group and the local people we meet. No matter what, I will conduct myself as a child of God and disciple of Jesus Christ at all times.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Each child age 10 or older listed on front of this form should sign for themselves.)

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Each child age 10 or older listed on front of this form should sign for themselves.)

Please return the completed form to **your church OR**  
Plymouth United Church of Christ, 2717 E. Hampshire St, Milwaukee, WI 53211  
(or scan and email to [plymouthchurchmke@gmail.com](mailto:plymouthchurchmke@gmail.com))