



PACIFIC NORTHWEST CONFERENCE JR. HIGH/MIDDLE SCHOOL RETREATS

About the Retreat:

I appeal to you therefore, brothers and sisters, by the mercies of God, to present your bodies as a living sacrifice, holy and acceptable to God, which is your spiritual worship.

Do not be **conformed** to this world, but be **transformed** by the renewing of your minds, so that you may discern what is the will of God—what is good and acceptable and perfect.

Romans 12:1-2

The theme for this year's Junior High/Middle School Conference Youth Retreat is **Be Transformers, not Conformers!** Come discover how you can make a difference in your school, community and world by listening to some awesome speakers, singing, playing cool games, enjoying time with nature, s'mores over campfires, the rope swing at Indianola and snow tubing at Lazy F. Be a Transformer!

Registration:

Cost: \$55 (Make checks payable to "PNW Treasurer") Credit Card payment also accepted. Please see form for more information.

Send check and registration to:

**JR/MS Retreat Registrar, PNWUMC Conference Office P.O.
Box 13650, Des Moines, WA 98198**

Meals, Etc.

Saturday dinner, Sunday breakfast and lunch are all included in the cost of the retreat! Please note any special dietary needs on your registration form.

Who is it for?

All Jr. High/Middle School youth (6-9th grades) are encouraged to attend. Friends, regardless of their faith tradition, are also welcome to come.

We believe in safe camps and retreats. Each church must provide 1 adult for every 6 youth. If a church sends 3 boys and 3 girls they should send one adult for each gender. Let us know if this will be a challenge for your church and we'll see if there is a way we can safely accommodate your situation. Each adult needs a recent national background check. Download online or contact our registrar for assistance: http://pnwmyc.org/attachments/080_PNWBackgroundConsentForm.pdf (no spaces)

What To Bring:

Sleeping bag, pillow, towel, toiletries, flashlight, rain gear, warm/winter clothing, Bible, money for snacks and donations to the Youth Service Fund, comfortable walking shoes, a great attitude and a good friend!

When & Where?

We are happy to provide two locations for this year's Junior High/Middle School retreat! **Both retreats are only \$55 this year** if you register by the Early Bird Deadline (\$60 after the deadline; see below). Please call the retreat registrar before sending in registrations less than a week in advance of the retreat date.

Registration starts at noon on Saturday with activities beginning promptly at 1pm. We will conclude by 1pm on Sunday at Indianola and by 2pm at Lazy F.

CAMP INDIANOLA

FEBRUARY 6-7, 2010 • 12PM-1PM

Speaker: Rev. Elizabeth Ingram Schindler, Seattle First UMC
Early Bird Deadline: January 22

LAZY F CAMP

FEBRUARY 27-28, 2010 • 12PM-2PM

Speaker: Kate Palermi, Walla Walla: Pioneer UMC *Early Bird
Deadline:* February 12

RETREAT T-SHIRTS ARE AVAILABLE FOR \$15!

Directions to both camps can be found online by visiting this site and clicking on the appropriate camp link:
<http://www.pnwumc.org>

Questions?

If you have any questions, please contact:

Irene DeMaris • Administrative Assistant with Youth & YA's
(206) 870-6822 • idemaris@pnwumc.org

Patrick Scriven • Associate Director with Youth & Young Adults
(206) 304-9284 • pscriven@pnwumc.org

Our Mission:

The Pacific Northwest Conference Council on Youth Ministries (CCOYM) is responsible for developing events, providing leadership and offering resources that nurture our connective relationships and build strong communities. The final goal of all this work is helping local churches to implement effective ministry so that all may have the opportunity to know Christ personally within the framework of a diverse community of true believers.



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INDIVIDUAL REGISTRATION FOR YOUTH AND ADULTS

Each participant registering needs to complete both sides of the form; please photocopy form on white paper.
Youth participants must be in grades 6-9. There must be 1 adult chaperone (same gender) for every 1-6 youth (same gender).

Check One: **INDIANOLA RETREAT (Feb. 6-7)** OR **LAZY F RETREAT (Feb. 27-28)**

General Information:

_____ Name	_____ () Home Phone
_____ Street Address or P.O. Box	_____ Email Address
_____ City, State, Zip	_____ Your Church (Please no initials)
Grade: 6 7 8 9 ADULT CCOYM Gender: F M	Special Registration**: <input type="checkbox"/>

Payment Information:

Retreat registration fee is \$55.00 when submitted on time. \$ _____

If postmarked **after January 22 (Indianola); or February 12 (Lazy F)**, add \$5.00 (per person) \$ _____

YES, I want to buy a **T-SHIRT**; -- add \$15.00 (t-shirts must be pre-ordered and prepaid) \$ _____

Please circle size: YS YM YL S M L XL 2X 3X (3X may be a different color/brand)

I would like to contribute an additional amount to **YSF** (suggested contribution: \$5-\$10) \$ _____

TOTAL AMOUNT \$ _____

Please return this registration form to your youth leader unless you are a special registration¹ in which case return this registration to the following address: **JR/MS Retreat Registrar, Pacific Northwest Conference, P.O. Box 13650, Des Moines, WA. 98198**
*Unless you received other instructions from your church, make check payable to **PNW Conference Treasurer**.*

I would like to pay by (circle one): CHECK \$ _____ VISA/Mastercard (circle one) \$ _____

_____ Credit Card #	_____ Credit Card Expiration Date
_____ Card Holder Signature	_____ Name as it appears on credit card

Insurance Information:

_____ Emergency Contact during the Retreat () Home Phone	_____ Relationship to Participant () Cell Phone
_____ Doctor's Name	_____ Doctor's Phone
_____ Doctor's City, State, Zip	
_____ Primary Insured's Name	
_____ Primary Insurance Company	_____ Policy #

¹ Please be in contact with us if you are the only person from your church interested in attending. Often we can help connect individual youth with other groups so they can also participate.

Medical Information:

Any limitations to physical activities (*circle one*)? YES NO

Do you have allergies to any medications or other things (*circle one*)? YES NO

Will participant be under medication during the retreat (*circle one*)? YES NO

Do you have any food restrictions or special needs (*circle one*)? YES NO

If YES to any of the above, please explain:



Other items of medical information the camp nurse should have about the participant:

Retreat Covenant:

As a participant of the retreat, and as a representative of my local congregation, I agree to accept the following guidelines as my covenant:

1. Participation in all scheduled activities is expected. If you need special assistance to fully participate, please contact Patrick Scriven (206) 304-9284 or Irene DeMaris at (206) 870-6822 or 1-800-755-7710.
2. All youth and adult participants are limited to the camp grounds.
3. Anything considered illegal for minors under civil and criminal law in the state of Washington is considered to be illegal for retreat participants. This would include drug use, alcohol consumption, tobacco, and possession of firearms, weapons, and fireworks. Adults are expected to abide by these same restrictions.
4. *Smoking, tobacco, incense, candles, etc. are prohibited at the Junior High/Middle School Retreat.*
5. Participants are to be in their assigned sleeping area by the designated time each night. Each person is to respect other participant's need for sleep, as well as caring for himself/herself.
6. Participants will live by the simple guidelines of love and respect for the rights, feelings, and property of others.

I understand that if I do not follow the simple guidelines above, that appropriate disciplinary action will be required, for youth and adults. Appropriate disciplinary action might include the calling of parents and/or pastor and/or dismissal from the retreat (at the participant's own expense). Decisions about appropriate action will be made by the leadership of the retreat, in consultation with their church's group leader or chaperone.

I have read the Jr. High/Middle School Retreat covenant and agree to abide by it.

Participant Signature: _____

Parental Consent of Participation, Emergency Care, & Media Release:

In signing this form, I hereby certify that this information is correct. In CASE OF MEDICAL EMERGENCY, I understand that every effort will be made to notify the **emergency contact person** named on the reverse side of the form. I hereby give permission to the event coordinators to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. In the event that that person cannot be reached, I give permission to the retreat leadership and/or nurse to notify a physician, and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for participant named above.

With regard to my (or my child's) appearance at and/or in the video production during the event, I hereby consent to and give permission for Pacific Northwest Conference of the United Methodist Church, to use my (or my child's) name, voice and likeness in its programs and activities, including the advertisement and promotion of the same, and I further consent that my (or my child's) name, voice and likeness may be used by such other parties to whom the said Pacific Northwest Conference United Methodist Church shall give permission. This consent shall include any or all remarks, contributions, or performances that I may make or give in connection with my appearance and participation. I acknowledge that the Pacific Northwest Conference of the United Methodist Church has full ownership rights to the video production, and that its proceedings, including my appearance, may be transmitted or otherwise exhibited, in whole or in part, throughout the world, without limitation as to time, in any medium, and by any means, method or device now or hereafter known, by Pacific Northwest Conference of the United Methodist Church, or it licensee, as many times as it wishes, without further authorization from me.

Parent/Guardian/Adult Participant's Signature: _____

Date: _____

NOTES ABOUT CAMPER: