

**2012-2013**

# **BAKE FAITH**



## **JR. HIGH RETREAT**

**NOVEMBER 9 – 11 2012**

Butte Aldersgate United Methodist Church  
1621 Thornton Avenue, Butte MT 59701

Check-in starts on Nov 9 @ 6:00pm • Pick-up on Nov 11 @ 11:00am

**For Grades 6<sup>th</sup> – 8<sup>th</sup> grade • Cost \$30 if postmarked by Nov 1<sup>st</sup> - \$40 if postmarked after Nov 2<sup>nd</sup>**

**More information and online registration at [www.yacumc.org](http://www.yacumc.org) (Youth Page)**

### WHAT TO BRING:

**Personal Stuff:** Active Clothing, Warm Clothing for Outdoor Projects, Winter Coat/Hat/Gloves, Extra Shoes. Swimming Suit, Enough Clean Underwear, Sleeping Bag and Pillow, Two Towels, Wash Cloth, Toothbrush and Toothpaste, Shampoo. Please note: We are not responsible for any personal items you bring (i.e.: musical instruments, iPods, mp3 players, cameras, or phones)

**Program Stuff:** A Bible, if you have one (If not, we'll provide one.), A Notebook and Pen or Pencil! An Open Mind.

**Fun Stuff:** Your Talents, Skits, and best singing voices for the talent show! Extra \$\$ for swimming, bowling, other activities, the YSF auction, and books by our speaker!

**BRING YOUR YOUTH LEADERS! (Call 406-698-0810 for info on how to volunteer)**

**Maximum No-Nos:** Do NOT bring police sirens, other loud things, alcohol, drugs (other than prescribed medications with your name on them), firearms, or knives.

**Mail ALL 3 Pages of this form to: YELLOWSTONE YOUTH MINISTRIES - PO BOX 721 THREE FORKS MT 59752**

**Cost: (Make check out to Yellowstone Conference) \$30 if postmarked by November 1<sup>st</sup>; \$40 if postmarked after November 2<sup>nd</sup> - Late Registrations are not guaranteed - please call 698-0810.**

Name: \_\_\_\_\_

Gender:  M  F

Grade: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Youth Birthdate (mm/dd/yyyy): \_\_\_\_\_ Home Church: \_\_\_\_\_

First Time at a YAC Youth Event?  YES  NO

**PHOTO/MEDIA RELEASE**

*By checking this box I give permission for photographs, video, or other images of the youth to be used by the Yellowstone Annual Conference for the website or other publicity, printed or electronic.*

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

**NAME OF YOUTH:** \_\_\_\_\_

**YOUTH COVENANT**

This covenant is an agreement between everyone at the retreat - about how we will live together. Please read it carefully. This even is an experience in Christian living. Therefore, I am willing to assume these responsibilities, which will require certain behavior the entire time I am at the retreat. I will be responsible for myself and the following:

- I will be honest and expect the same of others.
- I will attend all scheduled activities and meet time commitments unless excused by an adult staff or chaperone.
- I will go to bed, stay in bed, and be quiet from lights out until scheduled wake-up.
- I will take no unnecessary risks nor will I encourage others to do so.
- I will stay drug, alcohol, and tobacco free, except for prescription drugs listed on my medical consent and over-the-counter drugs provided by adult staff or chaperones.

**I will be responsible for others by agreeing to the following:**

- I will take into consideration the rights and feelings of others and respond to them in a loving manner.
- I will practice good stewardship by respecting the possessions of others and the facilities where we stay.
- I will avoid being loud, crude, and vulgar because such behavior intrudes upon others.
- I will be a positive influence on others.

**Consequences for breaking this covenant will be determined by adult staff and may include:**

- I will pay for any damage I cause.
- I am aware that legal authorities WILL be called if I act unlawfully.
- I will provide my own ride home if required to leave.
- I am willing to commit to this covenant so our retreat will be a safe, positive growing experience for everyone.

**I have read this statement and faithfully promise to abide by it. I understand that should I not abide by it, I will be responsible for my actions and will accept my consequences.**

\_\_\_\_\_  
**Youth Signature & Date**

\_\_\_\_\_  
**Parent/Guardian & Date**

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NAME OF YOUTH: \_\_\_\_\_

RELEASE, MEDICAL CONSENT & TRANSPORTATION CONSENT

We, the undersigned parent/guardian, authorize permission for the above youth to attend the Youth Retreat sponsored by the Yellowstone Annual Conference. We authorize any adult to consent to any x-ray, medical, surgical, dental treatment, or hospital care. As parents/guardians we do hereby release, forever discharge and agree to hold harmless Yellowstone Annual Conference, Aldersgate United Methodist Church, conference and church staff, and other adult chaperones of the retreat from any and all liability which may result from personal injury, sickness, or death. We assume all responsibility as a result of participation in recreation and work activities involved with this event. Should it be necessary for our child to return home due to medical reasons, disciplinary action or otherwise, we hereby assume all transportation costs. We, the undersigned parent/guardian, authorize permission for the above youth to be transported by a legal driver with above-adequate insurance coverage to or from the church to our mission opportunities, free time activities and (if required) to a care-facility during our weekend retreat. I understand that a driver license & insurance will be validated by the conference church staff at the retreat before transporting any youth off site.

Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Youth's Doctor and Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

List **ALL** medications currently being taken and their purpose: \_\_\_\_\_

List any conditions which might limit this youth's full participation in the event:

Note any physical conditions to which the youth is susceptible:

Note any physical conditions to which the youth is susceptible:

Note other conditions which this youth is susceptible (homesickness, hyperactivity, etc.):

Any significant recent events in this youth's family or circle of friends (divorce, death, etc.): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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