

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

# 2020 Younger Youth Retreat

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

# MARVELING TO BE A CHILD OF GOD

led by the

Presbytery of West Virginia

YOUTH COUNCIL

Friday, March 6- Sunday, March 8, 2020

Cedar Lakes Conference Center  
Ripley, WV

**Focus:** Throughout the weekend, using themes from Avengers movies, we will explore who we are, where we belong and how we are accepted as beloved children of God.

Ask your pastor, clerk of session, youth leaders for more information, or find it at [www.wvpresbytery.org](http://www.wvpresbytery.org).

Questions? Contact Susan Sharp Campbell, [susan\\_sharp\\_campbell@hotmail.com](mailto:susan_sharp_campbell@hotmail.com) or 304-645-4568

**Registration deadline is Monday, February 24, 2020!**

Registration for 2020 Younger Youth Retreat, March 6-8, 2020

Church \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone and email of contact person \_\_\_\_\_

Name	Grade	M/F
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1	_____	_____
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2	_____	_____
---	-------	-------

3	_____	_____
---	-------	-------

4	_____	_____
---	-------	-------

5	_____	_____
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6	_____	_____
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7	_____	_____
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8	_____	_____
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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	_____
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2	_____	email	_____
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3	_____	email	_____
---	-------	-------	-------

4	_____	email	_____
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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 MONDAY, FEBRUARY 24, 2020.

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](mailto:susan_sharp_campbell@hotmail.com)

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_

16. \_\_\_\_\_

17. \_\_\_\_\_

18. \_\_\_\_\_

19. \_\_\_\_\_

20. \_\_\_\_\_

## SCHEDULE (subject to slight tweaking)

### Friday, March 6

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
10:00	Evening Prayer
10:15	In Cabins and Cabin devotions

### Saturday, March 7

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	“Spider-Hero” Preparation
7:15	Spider-Hero Showcase
8:00	Recreation and Snacks
9:45	Evening Prayer
10:00	In Cabins and Cabin devotions

### Sunday, March 8

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

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

## 2019 Younger Youth Retreat

# MARVELING TO BE A CHILD OF GOD

March 6-8, 2020  
Cedar Lakes Conference Center  
Ripley, WV

**Focus:** Throughout the weekend, using themes from Avengers movies, we will explore who we are, where we belong and how we are accepted as beloved children of God.

**Leaders:** Youth Council members will serve as leaders of this retreat.

## **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 pm** 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 \$80. Registrations can be made online, by mail or by fax (304-744-7649); no phone registrations will be taken.

**Registration deadline: Monday, February 24.** If you have questions about registering youth with special needs or potential conflicts, please contact Susan Sharp Campbell at 304-645-4568 prior to the 24<sup>th</sup>. 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 24**, or have completed and returned one in the last 24 months. Once registered, adults will be emailed the Presbytery's Child Protection Policy; these 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 to provide humane societies with needed supplies. Each participant is asked to bring one-three items on the list below, as able:

- Clorox bleach
- Glad 13 gallon drawstring kitchen trash bags
- cat and/or dog treats
- cat and/or dog toys
- old but good cloth bath mats and/or towels
- Dawn dishwashing soap (blue or green)

These will be shared with humane societies in the presbytery.

### **CELL PHONE POLICY**

**Cell phones shall be left in cabins 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.**

**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 be left in cabins** 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, contact Susan Sharp Campbell at 304-667-9428.

**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 6-8, 2020. Please send it with your youth to the retreat.**

I give permission for my child, \_\_\_\_\_,  
to participate in the Younger Youth Retreat, March 6-8, 2020, 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 6-8, 2020. 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.