

2025 Fall Youth Retreat Schedule

(subject to tweaking)

Friday, November 14

8:00 pm	Registration; settle into cabins; activities in the Chapel
9:00 pm	Large Group Opening Activities
9:30 pm	Introductions
9:45 pm	Small Group Time
10:30 pm	Snacks
10:45 pm	Worship
11 pm	Cabin Devotions, followed by Lights Out

Saturday, November 15

8:30 am	Breakfast
9:30 am	Large Group Gathering
10:00 am	Theme Time
noon	Lunch
1:00 pm	Large Group Gathering
1:15 pm	Mission Project and Recreation
	Trivia and Color Jam
4:00 pm	Free Time, Youth Council meeting
5:30 pm	Dinner
6:30 pm	Large Group Gathering
6:45 pm	Theme Time
8 pm	Board Games
9:30 pm	Snacks
9:45 pm	Worship
10:15 pm	Cabin Devotions, followed by Lights Out

Sunday, November 16

8:30 am	Breakfast; Clean cabins and pack cars
9:45 am	Large Group Gathering
10 am	Theme Time
11:00 am	Worship with Communion

The Youth Council of the Presbytery of West Virginia presents:

Fall Youth Retreat November 14-16, 2025

UNPLUG



AND

RECONNECT

Bluestone Camp and Retreat Center, Hinton, WV

FOCUS: We live in a world in which we spend a lot of time connected to our devices. This weekend offers an opportunity to explore how we might unplug from our devices and re-connect with God, others, nature and creativity during the weekend and in our daily lives.

RETREAT LEADER: Ben Brannon, Associate Pastor for Youth and Young Adults at Second Presbyterian Church, Roanoke, VA. Before becoming a pastor, Ben was an assistant camp director, soccer coach, and substitute teacher. He brings joy, creativity, and deep faith to all he does. Ben is dad to his son, Camden, and his dog, Sevy.

Important Registration Information FOR YOUTH AND ADULTS

This retreat is for youth in **grades 6-12** and their adult advisors (who can be parents). There must be one adult for every 7 youth registered. Youth will be divided into older youth (9th-12th) and younger youth (6th-8th) for Small Groups.

The retreat will begin with registration at 8 pm on Friday, November 14, and end with worship before noon on Sunday, November 16. The first meal served will be Saturday breakfast; the last meal will be Sunday breakfast.

The **cost** is **\$65/person**, whether a youth or adult. Registrations will not be accepted without the name of the adult who will be responsible for youth at the retreat.

Registrations can be made online or by mail; no phone registrations will be taken. Registration is by church groups. If an individual youth wishes to register, a parent needs to contact Susan Sharp Campbell to connect them with an adult.

The **final registration deadline** for registrations to be received in the Presbytery Office is **Thursday, November 6**. If you have questions about registering youth with special needs or potential conflicts with athletics/band, please contact Susan Sharp Campbell at 304-667-9428 prior to November 6th.

ADULT ADVISORS – PLEASE NOTE

Each adult attending the retreat must return a completed Volunteer and Information Form and a Background Check Authorization no later than **Thursday, November 6**, or have completed and returned one in the last 36 months. There will be an adult orientation Friday evening which will include training on our Child Protection Policy.

WHAT TO BRING – Each participant

- ✓ Warm clothes
- ✓ Toiletries
- ✓ a Bible
- ✓ Sleeping bag, or twin bed sheets, and a pillow
- ✓ Towels
- ✓ Flashlight
- ✓ Completed Covenant Form and Medical Release Form

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

ALSO:

Mission Project: Our mission project will be making paper flowers for shut-ins and nursing home residents. All supplies will be provided.

Saturday is Board Game Night. If you have games you'd like to play, please bring them to share.

Snacks to Share: Each group is asked to bring snacks to share with the large group. These should be brought to registration.

CELL PHONE POLICY

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, listening to messages, etc. Misused cell phones are subject to confiscation.

FALL YOUTH RETREAT (6th-12th grades)

November 14-16, 2-25

IMPORTANT RETREAT INFORMATION

PLEASE READ the information here and SHARE/FORWARD all of the information with youth and those who work with youth in your congregation. You will find a description of the retreat's focus and presenter on the enclosed brochure.

Registration and Cost

- **Registrations must be received in the Presbytery Office no later than Thursday, November 6.** Adults' Reference Check and Background Check forms are due on this date as well.
- The **cost per person** (youth and adults) is **\$65**, due prior to the retreat. Refunds are available for cancellations made prior to noon, Thursday, November 13.
- To register, go online to www.wvpresbytery.org or send the Church Registration Form to: Presbytery of WV, c/o Susan Sharp Campbell, 683 Dwyer Lane, Lewisburg, WV 24901.

Responsible Adults

- Responsible adults must be at least 22 years of age.
- Each adult attending the retreat must fill out a Reference Check form and Background Check Consent Form (a master copy is enclosed with this email). Each church must register a responsible adult with their youth.
- There must be 1 responsible adult for each 1-7 youth. If your group includes both male and female, you are asked to have at least one male and one female adult, if at all possible. Parents are welcome to be the responsible adults.

If your church has two or less planning to attend, and no willing adult, you will need to contact Susan Sharp Campbell prior to registering your youth.

Special Needs

If you have youth with special needs, please contact Susan Sharp Campbell to consider ways that we might be able to accommodate and include them.

Mission Project

Our Mission Project this year making flowers for shut-ins and/or nursing home residents. All supplies will be provided.

Covenant

It is very important that your youth and their parents read and understand the covenant. The covenant enables us to live together in community. We suggest that you discuss this covenant with your group before registering and, perhaps, as you travel to the retreat. Infractions are cause for disciplinary action that may include contacting parents to pick their youth up.

Medical Forms

Medical forms for all participants should be filled out in advance and brought to the retreat, **NOT** mailed in. Please note that there is a separate form for youth and adults. Youth forms require the signature of a parent. Please do not assume that we have past forms on file (they are shredded after the retreat).

Photo Consent Form

This would allow us to use photos of youth on the presbytery's social media. However, there is no pressure for anyone to sign this, and without it, we will not do so.

Registration for 2025 FALL YOUTH RETREAT
November 14-16, 2025

Church _____

Contact Person _____ Phone _____

Contact Person's email _____

Email of Responsible Adult who will be at Bluestone _____

NOTE: For each 1-7 youth, you need at least 1 adult. If your group has both male and female youth, you are asked to have at least one male and one female.

Name	Grade(for youth)/A(for adult)	Gender
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Additional names may be placed on the back of this form or on a separate page.

Special Needs: If you have participants with special needs, please note below. These should also be noted on the medical forms participants bring.

Dietary Concerns/Food Allergies: Note below if you have participants with food allergies or those who are vegetarians or vegans, or have other dietary concerns. Allergies should also be included on medical forms.

Register online as a group and pay by credit card or
Mail this form with a registration fee of \$65 per person to:

Presbytery of West Virginia
c/o Susan Sharp Campbell
683 Dwyer Lane
Lewisburg, WV 24901

Forms should be received by noon **Thursday, November 6.**

Please make check payable to Presbytery of West Virginia
Volunteer Information Forms and Release Authorizations for all registered adults must be returned with registration so that they can be completed BEFORE the retreat.

Questions? Susan Sharp Campbell, Associate for Educational Ministry, (304) 667-9428 or
susan_sharp_campbell@hotmail.com.

Name _____

ADULTS

MEDICAL RELEASE FORM and INSURANCE INFORMATION

To be completed by each Adult participant at the Presbytery of West Virginia YOUTH RETREAT, NOVEMBER 14-16, 2025. **PLEASE COMPLETE BEFORE YOU ARRIVE AND BRING IT 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.

YOUTH

MEDICAL RELEASE FORM and INSURANCE INFORMATION

To be signed by parent or guardian for each young person participating in the Presbytery of West Virginia FALL YOUTH RETREAT, NOVEMBER 14-16, 2025. **Please have youth bring it with them to the retreat.**

I give permission for my child, _____, to participate in the Youth Retreat, November 14-16, 2025, at Bluestone Camp and Retreat Center. In case of an 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 _____ in 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	Diabetes
Blood Pressure Problems		Ulcers	Fainting	Cancer
Kidney Problems	Asthma	Heart Disease	Poison Ivy/Oak	
Sulfa Drug Allergic Reaction		Penicillin Allergic Reaction		

Is there anything else the leaders of this retreat should know about your youth?

Covenant Form
to be completed by youth AND adults

Fall Youth Retreat 2025

Do Not Mail
Bring to Retreat

Name _____

Address _____

School Grade _____ OR Age _____ Gender: M _____ F _____ Other _____

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 _____

CELL PHONE POLICY

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, listening to messages, etc. Misused cell phones are subject to confiscation.

CONSENT AND RELEASE

I, _____ (print name) hereby give the Presbytery of West Virginia and related entities and its ecumenical partners permission to make and use photographs, video and/or audio recordings of my minor child whose name is _____ of which I am the parent, legal guardian or legally authorized representative.

I understand that the photographs, recordings, image, voice and any quotes may be used for any and all purposes of the Presbytery of West Virginia and related entities and its ecumenical partners including use on their web page, cable and broadcast use without re-submission to me for approval. I understand that third parties accessing the web page can download this material, and I release the Presbytery of West Virginia and related entities and its ecumenical partners from any liability to me, my heirs or assigns in connection with or arising out of such downloading by third parties.

By my signature, I hereby certify that this Consent and Release is fully understood by me and is entirely satisfactory.

Signed: _____

Date: _____

Printed Name: _____

Address: _____

City: _____

State/Zip: _____

Telephone#: _____

Witnessed: _____

Date: _____

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 5 years)

Present Address: _____

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

How long have you lived at this address? _____

Former Address: _____

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

How long did you live at this address? _____

Former Address: _____

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

How long have you lived at this address? _____

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 the Presbytery of West Virginia.

VOLUNTARY DISCLOSURE STATEMENT: Have you ever been arrested, charged, or convicted of any criminal offense, misdemeanor or felony, other than a traffic violation? ____ Have you ever been subject to any disciplinary action, complaint, or allegation that you violated any employer's or organization's sexual misconduct policy? ____

(If you answered yes to either question, please submit a type-written explanation along with this form.)

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

**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)*
Driver's 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 name, address, phone number, email, and relationship to you 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>Phone</u>	<u>Email</u>	<u>Relationship to You</u>
-------------	----------------	--------------	--------------	----------------------------

- | | | | | |
|----|-------|-------|-------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

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.