

# Spring Youth Event 2020: Trust Your Path

April 24<sup>th</sup> to April 26<sup>th</sup>

## Event Overview & Medical Release

### Event Start & End Times

Arrival & Registration is from 5:00 pm to 7:00 pm (a boxed dinner is provided for attendees).

Our opening activity begins at 7, please let us know if you will be arriving later than that.

Pick-Up is Noon on Sunday.

### Focus Scripture

Proverbs 4:26 "Give careful thought to the paths of your feet and be steadfast in all your ways."

### Registration

The Registration Deadline is April 15th. You can register through the conference website at:

[www.psec.org/youth](http://www.psec.org/youth). The event is open to youth in 7<sup>th</sup> through 12<sup>th</sup> graders. **Important: Please be sure to complete the attached Medical, Assumption of Risks, and Permission Form.** A signed form is required for all youth participants and may be turned in upon arrival at the event. Please do not email forms in advance.

### Costs

The cost of the event itself is 90.00 and covers meals, lodging, and all activities. Payment by credit card is now required.

### Location & Emergency Contacts

South Mountain YMCA Camp (Camp Conrad Weiser)  
201 Cushion Peak Road  
Reinholds, PA 17569

Camp Office: 610-670-2267  
Kimberly Berenotto: 610-401-1847

### Dietary Concerns

Please contact Rev. Kimberly Berenotto [kimberlyberenotto@gmail.com](mailto:kimberlyberenotto@gmail.com) if there are any special needs. In cases where allergies are severe, it may be prudent to send food / speak with the camp directly in advance to ensure that accommodations can be made.

### Overview of Daily Activities

FRIDAY: Beginning at 5pm - Arrival & Check-in, Dinner, Small Groups/Orientation, Large Group/Ice-Breaker Activities, Movie (that fits with the theme) & Small Group Discussion

SATURDAY: Breakfast, Morning Watch, Workshops, Lunch, Workshops, Free Time/Camp Activities, Dinner, Small Groups, Worship, Dance & Bonfire

SUNDAY: Breakfast, Small Groups, Morning Watch, Large Group Activities, Closing worship, Affirmations, Depart - 12:00pm

## **Packing List**

- Sleeping bag & Sheets (we will have beds in heated cabins)
- Pillow
- T-shirts
- Jeans / pants / shorts
- Jacket / Coat / Sweatshirt (it will get cold)
- Bath Towel and a washcloth
- Toiletries: Soap, shampoo/conditioner, toothbrush, toothpaste, & deodorant
- Extra pair of sneakers
- Night clothes: PJs, nightshirt
- Socks & Underwear
- Small flashlight & batteries
- Bible, journal, pens
- Sunscreen/Sunglasses/Hat
- Medications
- Books, playing cards, etc. for downtime

**Medical, Assumption of Risks and Permission Form  
PSEC Youth Event**

Name of youth participant: \_\_\_\_\_

Birth date: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

Has this person had any medical problems of which an emergency physician would need to be aware (i.e. but not limited to: asthma, allergy to drugs, food or other, chronic illnesses, headaches, heart ailment, epilepsy, diabetes, special physical needs, emotional problems, or dietary restrictions)?

YES                      NO

Should there be any limits on physical activity?                      YES                      NO

At the present time, is this person under a physician's care?                      YES                      NO

If YES to any of the above, please describe:

Is this person taking any medication?                      YES                      NO

If YES, list names, dosage, why taken, and any side effects:

Is this person covered by medical insurance?                      YES                      NO

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Is pre-authorization required for emergency services?                      YES                      NO

If so, what is the phone number of the insurance company? (\_\_\_\_\_) \_\_\_\_\_

***If this person is below the age of legal consent (18 years) the law requires that we have your permission to give medical service should the need arise. Please read carefully and sign below.***

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the leaders of the youth event to seek routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I give permission to the camp to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I also agree to assume any financial responsibility for my child's care. I agree to the release of any records necessary for insurance purposes. I also understand that there are inherent risks to my child by participating at this event, even with the best of circumstances. With such knowledge I hereby accept such risks, and having read all of the above information, I hereby give permission for my son/daughter to attend this youth event. I give permission that photos and videos of the youth for whom I am responsible obtained during this event may be used or exhibited for purposes to promote PSEC youth ministry and other events.

Signed: \_\_\_\_\_ (parent or guardian)      Today's Date: \_\_\_\_\_