

Fall Youth Event 2017: Fight the Good Fight

November 10-12, 2017

Event Overview & Medical Release

Event Start & End Times

Arrivals & registrations begin at 5:00pm on Friday.

The event will conclude around noon on Sunday.

Focus Scripture

“Fight the good fight of the faith; take hold of the eternal life to which you were called” -1 Timothy 6:12a

Registration

The Registration Deadline is October 29th. You must register through the conference website at www.psec.org or by contacting the conference office. The event is open to Youth ages: 13-18. 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 & covers meals, lodging, events and 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
Kim Berenotto Cell: 610-401-1847

Dietary Concerns

Please contact Kim Berenotto at hkkimberly@sbcglobal.net 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, Family Groups, Large Group Activities, Movie, Bonfire

SATURDAY: Breakfast, Morning Watch, Workshops, Lunch, Workshops, Free time, Dinner, Family Groups, Worship, Dance, Affirmations

SUNDAY: Breakfast, Morning Watch, Family Groups, Closing worship, Affirmations, Depart - 12:00pm

Packing List

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- Sleeping bag & Sheets (we will have beds)
- Pillow
- t-shirts
- Jeans / pants / shorts (will definitely need warm stuff)
- Jacket / Coat / Sweatshirt or sweater for cool nights
- 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
- Camera, Batteries, Media
- Bible, journal, pens
- Sunscreen
- 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: _____