

Speaker

Rev. Elaine Bowen,
Ashland Presbyterian Church



Elaine enjoys taking walks with her two dogs, Princess and Morty as well as spending time working on her garden and playing guitar.

Dear Pastors, Educators, and Persons Responsible for Confirmation

Presbytery of the James Confirmation Retreat is an opportunity to enhance your confirmation program with additional instruction and a live example of the connectional nature of the Presbyterian Church. Consider adding this program to your confirmation process.

The curriculum use at the conference will come from the Presbyterian (U.S.A.) “We Believe: Professing our Faith” Confirmation curriculum. We encourage (but not require) you to check into this resource in preparation for the weekend.

The cost is \$87/person (youth & adults). This includes two nights at Camp Hanover. Please consider helping to cover a portion of the cost for your confirmands.

A limited number of scholarships are available through the Committee on Youth Ministry. Please contact the Presbytery Office to inquire.

Registration forms are due by February 10. Registrations received after the deadline will be \$95.

The retreat begins at 6:30 pm on Friday evening and ends at noon on Sunday afternoon.

We look forward to sharing this special event with you and your confirmation class as they continue on their journey of faith.

Lyndsey McCall
lindseym@pbyjames.org



Presbytery of the James

3218 Chamberlayne Ave.
Richmond, VA. 23227

Confirmation Retreat Professing your Faith



February 24-26, 2010

Camp Hanover
Friday 6:30 pm—Sunday Noon

**Open to all ages, especially
Middle School Students**

Sponsored by
Youth Ministry Purpose Group
Presbytery of the James

PRESBYTERIAN YOUTH EVENT COVENANT

For Youth, Adult Advisors and parents or participants this covenant is for both the **YOUTH and ADULTS** who attend presbytery youth events such as retreats, rally days, mission trips, youth conferences, as representatives of the Presbytery of the James, etc. **Seeking the guide of the Holy Sprit, while at a Presbytery of the James youth event, I covenant to . . .**

R: Refrain from consuming alcohol, using illegal drugs or smoking, and refrain from driving any vehicle for the duration of the event.

E: Enjoy the time of rest and renewal.

S: Seek to hear God's claim on my life through the opportunities provided.

P: Participate to the best of my ability in all planned activities.

E: Expect to encounter God.

C: Care for others by being a good steward of the resources provided over the course of the event including, but not limited to the food prepared, supplies provided, and persons leading the event.

T: Treat the facilities with reverence.

F: Friendship - Take time to meet one new friend.

U: Understanding, be considerate of one another, seek to hear others.

L: Lights out. Abide by the lights out policy of the event and be in my room or cabin by that time.

****M.** Yes No (circle one) I hereby grant Presbytery of the James permission to interview me and/or to use my likeness in photograph(s)/video(s)/slide presentation(s) in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Presbytery of the James, in perpetuity, and for other use by Presbytery of the James. I will make no monetary or other claims(s) against Presbytery of the James for the use of the interview and/or the photographs(s)/video(s)/slide presentation(s) resulting following this date.

Participant's Name (Please Print)

Participant's Signature

Parent/Guardian's Name (Please Print)

Parent/ Guardian's Signature

Church: _____ Date: _____

POLICIES VANDALISM AND PROPERTY DAMAGE Any person who damages or destroys property will be responsible for the cost of replacement and repair.

SMOKING All POJ events are SMOKE-FREE.

DISRUPTING EVENT ACTIVITIES A great deal of time, effort, prayer, and money go into preparing a youth event. Disruptive behavior during assemblies, workshops or worship times, or other planned activities makes it hard for everyone to get the most out of the time that we have together. Participants can expect 2 warnings about this from any adult leader. Anyone who continues to disrupt will not be invited to the next event and may be dismissed from the current event in addition to having the opportunity to explain their actions to their parents, guardians, or pastor.

PERSONAL BELONGINGS You are responsible for your own belongings. Do not bring any items that are of great value to you.

ALCOHOL AND ILLEGAL DRUGS Any youth or adult found in possession of illegal substances will be dismissed from the event and may be subject to arrest.

DRIVING Vehicles driven to the event should be parked and locked. They should neither be driven nor visited during the event, except in an emergency. Upon leaving the event, drivers must drive 20 mph or less while on camp premises and must carry passengers only inside vehicles.

REGISTRATION FOR YOUTH and ADULT ADVISORS CONFORMATION RETREAT February 24-26 2012 "Professing Your Faith"

NAME: _____

ADDRESS: _____

PHONE: _____

GRADE: 9 10 11 12 adult GENDER: M F

CHURCH: _____

SPECIAL DIETARY NEEDS: (Please attach a letter)

ADULT LEADER: _____

*****One adult leader must accompany every 6 youth
(or any fraction of 6) from each church!!!!**

REGISTRATION DEADLINE:

**February 10, 2012
NO EXCEPTIONS**

*Registration is not complete without ,
a signed health/medical form,
and parental approval
must accompany registration.
Registration after Feb. 10 will be \$95.*

*Registration form can be found at
presbyteryofthejames.org,
YOUTH or by request.*

Questions: please contact Lyndsey McCall
lyndseym@pbyjames.org or 804-262-2074

**Complete form and mail to:
CAMP HANOVER
3163 PARSLEYS MILL RD.
MECHANICSVILLE, VA 23111**

HEALTH AND MEDICAL INFORMATION FOR YOUTH AND ADULT ADVISORS

Name of participant _____

Birthday: _____ Age at vent _____

Name/Address of Parent/Guardian (Please print)

Phone No. _____

In Case of Emergency contact: (Please Print)

Phone No. _____

Please give any medical/physical information which might limit or prevent the participant's full involvement in this event and/or would help us to work more effectively with your child:

Is this participant taking any prescribed medication?

YES NO, If so, what and what is it for _____
(CIRCLE ONE)

Relationship to participant _____ Date

Medical Insurance of Participant

Policy Statement—it is the policy of this youth/group/
church/event that all prescribed medication be kept and
dispensed by the adult leader of the group named below.

(PLEASE PRINT NAME OF GROUP LEADER)

Agree to have the adult leader named above to keep and dispense my child's medication(s) while on the youth retreat.

If there should be an emergency which requires medical attention and I am unable to be reached, I hereby authorize the physician chosen by the adult leader named above to hospitalize, secure treatment and order injection, anesthesia, x-ray, or surgery for my child named above.

(SIGNATURE OF PARENT/GUARDIAN —REQUIRED—)

RELATIONSHIP TO PARTICIPANT

DATE

MEDICAL INSURANCE CARRIER OF PARTICIPANT