

Conference Middle School Event 2017

(Sponsored by the Missouri Mid-South Conference of the United Church of Christ)

INFORMATION PACKET

DATES & LOCATION

Camp MoVal (2659 Camp MoVal Road Union, MO 63084)

Check-In: **Friday, November 17 at 7:00 p.m.** Departure: **Saturday, November 18 at 5:00 p.m.**

If your group is traveling by train and will arrive earlier or later, please contact the Retreat Directors

PARTICIPATION

Youth: Currently in grades 6-8

Advisors: Adults, age 21 and older

An overall minimum of 1 adult advisor is required for each 8 or fewer youth participants. Churches are also responsible for providing male and female advisors in proportion to the male/female break-down of their group. There should be one female advisor for each 1-8 female participants and one male advisor for each 1-8 male participants. This requirement ensures adequate supervision in sleeping areas. If your church is having a difficult time with this requirement, consider teaming up with another church to meet this ratio. If you are still having difficulties with this, contact a Retreat Director.

COST

The registration fee is \$65 per person for each youth and adult participant. You are not registered until **ALL** of your forms and complete payment is submitted. **Registrations and payment must be in the MoVal office by Friday, November 3rd.** Registrations received after the deadline will not get a t-shirt and will be accepted based on space availability.

A limited amount of financial assistance is available to help youth attend. First, every effort should be made by the local church or agency to assist the youth with the event fee. If additional assistance is needed, complete the Scholarship Application and return it to Camp MoVal as soon as possible.

COVENANTS

There is a covenant for youth and a separate covenant for adults. Please take the time to review these carefully. All participants, youth and adult, will be expected to abide by these. Please return a signed copy of the appropriate Covenant for each youth and adult with the registration materials.

REGISTRATION

Remember registration is by **CHURCH GROUP**, not by individual. A **Registration & Health Form** and a **Signed Covenant** is required for each youth and adult. Advisors should keep a copy of these forms with them while at camp and during transportation, in case of an emergency. In addition, all adults must complete the **Disclosure Statement and Background Check** form. Mail these fully completed forms, payment, and the **Group Registration Form**.

Make Checks Payable to: MMS-UCC

Send Registration Forms & Payment to:

REGISTRAR - YOUTH EVENTS 2659 CAMP MO-VAL ROAD UNION MO 63084

Registrations must be in the MoVal Office by Nov. 3rd
You are not fully registered until all forms and payment have been received.

HOUSING

Participants and advisors will be housed in cabins by church group, with multiple church groups sharing cabin space. Most cabins have 7 double bunks and a restroom with two toilets, two showers and two sinks. These cabins hold up to 12 youth and 2 leaders. It is each church's responsibility to ensure adequate male and female supervision.

HEALTH CONCERNS

Local church advisors are responsible for first aid and health issues for their participants. Advisors should carry a copy of the **Registration & Health Form** for each adult and youth participant. They should also come prepared with basic first aid supplies. In case of an emergency the camp will provide back-up supplies and support. Following camp procedures, medications will be kept secure and adult advisors can access them to dispense to youth when needed.

ADULT LEADERSHIP

ALL adults must complete a Disclosure Statement and a Background Check Form, and return them to Camp MoVal by Nov. 3rd. There are no exceptions. Adults that do not turn these in before the event, will not be allowed to attend. There will be no refunds on the registration fee if an adult fails to complete these forms. The Missouri Mid-South Conference takes the safety of children and youth very seriously. These are two easy precautions that are mandatory to ensure the safety of all those attending the event. Your cooperation with this is appreciated. If you have questions about this procedure, contact Jeremy Force through Camp MoVal.

POLICY ON TOBACCO PRODUCTS, DRUGS & ALCOHOL

The use of tobacco products is not allowed on Camp MoVal property. There is no smoking in any buildings at Camp MoVal, or in the woods. The use of alcohol and/or illicit drugs will not be allowed at any Conference youth event or retreat, with no exceptions. This includes every participant and leader, youth and adult. Such activity is destructive to the spirit of Christian community we hope to build at all our youth events. Use of alcohol and/or illicit drugs will result in the offending parties being sent home **AT THEIR OWN EXPENSE.**

THINGS TO BRING

- Comfortable clothes and shoes
- Pajamas
- Sleeping Bag, Pillow, twin sheet to cover mattress
- Towel & Wash Cloth
- Wash Kit (soap, shampoo, toothpaste, ect)
- Any necessary medication (in its original packaging with appropriate dosing information)

THINGS NOT TO BRING

- Expensive or valuable items, including technology
- Illicit drugs, alcohol, or tobacco products
- skate boards
- Fireworks
- Weapons (including knives)
- Other items that may be considered harmful, dangerous or distracting to the program.
The Missouri Mid-South Conference and Camp MoVal are not responsible for the loss, damage or theft of property.

CONTACTS & IMPORTANT PHONE NUMBERS

Registration	Retreat Directors	During the event
Camp MoVal Office 636-583-2730	Cathy Pettibone & Alysha Petry cathypettibone@gmail.com apetry@zionunion.org 636-532-0540 636-583-2814	Jeremy Force 636-583-2730 (camp office) 610-823-5552 (cell)

During the event, please use these numbers only in case of an emergency. Advisors and participants will be actively out and about involved in the program during most of the day and evening.

CONFERENCE MIDDLE SCHOOL EVENT 2017

Youth & Adult Registration & Health Form

(Please Print or Type in Ink)

Church _____

Name of Participant / Advisor (Last) _____ (First) _____

Date of Birth _____ Grade _____ Gender _____ (for housing purposes)

Mailing Address _____

City _____ State _____ Zip Code _____

Parent/Guardian or Adult Advisor _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Parent / Guardian _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

T-shirt (Choose one ADULT size): SM _____ MED _____ LG _____ XL _____ XXL _____ (Included in Fee)

EMERGENCY CONTACTS (if parents/guardians CANNOT be reached):

NAME _____ Day Phone (_____) _____

Relationship _____ Evening Phone (_____) _____

NAME _____ Day Phone (_____) _____

Relationship _____ Evening Phone (_____) _____

PARENT/GUARDIAN AGREEMENTS & AUTHORIZATIONS:

(To be completed for all Youth Participants)

1. The Participant named above has my permission to attend the Conference Middle School Event, which is sponsored by the Missouri Mid-South Conference of the United Church of Christ, and is being held at Camp MoVal in Union, Missouri, November 17-18, 2017.
2. We (participant and parent) understand and support policies prohibiting campers from using or possessing weapons, tobacco products, alcoholic beverages or non-prescribed drugs during this event. We recognize that participants must follow safety guidelines and refrain from harmful behavior. We understand that if a participant is unable to live within these guidelines and those outlined in the Covenant, he/she may be sent home without a refund of the program fee.
3. I understand that the participant may be photographed or electronically recorded for future Missouri Mid-South Conference UCC program information and promotion.

SIGNATURE OF PARENT/GUARDIAN

DATE

CONFERENCE MIDDLE SCHOOL EVENT 2017

Youth & Adult Health Form

(Please Print or Type in Ink)

Name of Participant / Advisor _____

Name of Physician _____ Phone (_____) _____

Name of Dentist/Orthodontist _____ Phone (_____) _____

Medical/Hospital Insurance: Carrier _____

I.D. / Policy / Group# _____

Special Instructions _____

Dental Insurance: Carrier _____

I.D. / Policy / Group# _____

Special Instructions _____

Date of last Tetanus Shot _____ **Approximate Weight** _____

List any current medical conditions, allergies, or special dietary needs (be specific):

List any medications to be taken at the 2017 Retreat and specific times and dosages:

List any additional health information or activity limitations church advisors should be aware of (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, recent traumas, life changes etc.):

PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE: I request and authorize my church advisor, event coordinators, Missouri Mid-South Conference staff, and medical personnel & facilities selected by them to provide all medical care including but not limited to tests, such as pathology, radiology and anesthesia, surgery, and prescriptive drugs advisable for the health of the Participant / Advisor. I acknowledge that no representations, warranties or guarantees as to result or cures will be made. I am also aware It is the responsibility of the family and/or each local church to provide health and accident coverage for their advisors and participants.

SIGNATURE OF PARENT/GUARDIAN OR ADULT PARTICIPANT

DATE

CONFERENCE MIDDLE SCHOOL EVENT 2017

YOUTH COVENANT

Because God calls us to be a community of faith and leaders in Christ's church, I covenant with God and with the other participants to conduct our life together at the Conference Middle School Event in a manner that promotes a healthy community of faith.

1. I promise to participate in all activities, working together with others to learn and grow from this experience.
2. I promise to treat all people with dignity and respect.
3. I promise to respect the property of all people.
4. I promise to use the facilities and equipment made available with care. If I hurt or accidentally damage camp property, I will take responsibility for the damage done and inform a member of the retreat planning committee and my advisor right away.
5. I promise not to use tobacco products.
6. I promise not to bring any type of weapon with me to this event.
7. I promise not to bring or use alcohol and/or illicit drugs, realizing that such behavior is destructive to Christian community and would require my dismissal.
(All medications will be safely stored by the camp and accessed by adult advisors when needed.)
8. I promise not to engage in sexual activity.
9. I promise not to open my cabin to anyone who is not housed in that cabin.
10. I promise to be mindful of my roommates' right to privacy.
11. I promise to honor the retreat "lights out" times and respect others' right and need to sleep.
12. I promise not to leave the campus of Camp MoVal, and not to travel outside of the immediate camp buildings without permission from an adult advisor. I will not travel alone.

Remember, while you are at the retreat you are a representative of your local church. Please keep this in mind and behave accordingly.

VIOLATION OF THIS COVENANT COULD MEAN RETURNING HOME AT YOUR OWN EXPENSE, BEFORE THE RETREAT CONCLUDES.

SIGNATURE OF YOUTH PARTICIPANT

DATE

CONFERENCE MIDDLE SCHOOL EVENT 2017

COVENANT – ADULT Advisor

Because God calls us to be a community of faith and leaders in Christ's church, I covenant with God and with the other participants to conduct our life together at the Conference Middle School Event in a manner that promotes a healthy community of faith.

1. I promise to participate in all activities, working together with others to learn and grow from this experience.
2. I promise to treat all people with dignity and respect.
3. I promise to respect the property of all people.
4. I promise to use the facilities and equipment made available with care. If I hurt or accidentally damage camp property, I will take responsibility for the damage done and inform a member of the retreat planning committee right away.
5. I promise not to bring any type of weapon with me to this event.
6. I promise not to bring or use alcohol and/or illicit drugs, realizing that such behavior is destructive to Christian community and would require my dismissal.
(NOTE: All medications will be safely stored by the camp.)
7. I promise not to engage in sexual activity.
8. I promise not to open my cabin to anyone who is not housed in that cabin.
9. I promise to be mindful of my roommates' right to privacy.
10. I promise to honor the retreat "lights out" times and respect others' right and need to sleep.
11. I realize that as an adult advisor, I am responsible for my group 24 hours a day. I am conscious of my responsibility as a role model for my group, and the other participants.

VIOLATION OF THIS COVENANT COULD MEAN RETURNING HOME AT YOUR OWN EXPENSE, BEFORE THE RETREAT CONCLUDES.

SIGNATURE OF ADULT PARTICIPANT

DATE

YOUTH MINISTRIES

Missouri Mid-South Conference United Church of Christ

CMSE FINANCIAL ASSISTANCE APPLICATION – DEADLINE 11/3/17

A limited amount of financial assistance is available to help young people to be able to attend.

Families are encouraged to pay as much as they can as an investment in the experience. Whenever possible, effort must be made by the local church to assist the youth with a portion of the funds needed.

The front side of this form is to be completed by the family and the back side is to be completed by the church or agency.

Jeremy Force, Director of Outdoor Ministries, and the event Director(s) are the only individuals that see this form. All information is kept confidential.

Name of Youth _____ Age _____ Grade _____

Name of Parent/Guardian _____

Day Phone _____ Evening Phone _____

Address _____

City _____ State _____ Zip _____

Church _____ Location _____

Please share why you want to attend CMSE...

Our family can pay the following amount: \$ _____

Signature of Parent / Guardian _____ Date _____

Backside to be completed by Church

CMSE Financial Assistance Application Continued...

TO BE COMPLETED BY CHURCH REPRESENTATIVE:

Please describe in detail why this applicant should be considered, including challenges the youth or family have experienced, special circumstances and positive qualities the youth or family have demonstrated (determination, initiative, etc.)

List AMOUNT of the event fee to be paid by:

Family _____ Church _____

List the total amount requested from the Scholarship Fund: _____

Form Completed By _____
(Please Print)

Church _____

E-mail _____ Day Phone _____

Address _____

City _____ State _____ Zip _____

Please mail completed form to: Registrar - Youth Events
2659 Camp MoVal Road
UNION MO 63084

CONFERENCE MIDDLE SCHOOL EVENT 2017 GROUP REGISTRATION FORM

Registrations must be in the MoVal office by Friday, November 3rd, 2017

Church _____ Phone (____) _____

Contact _____ Position _____

Phone (____) _____

E-Mail Address: _____

Please **PRINT** the information indicated for each person attending.

List Youth Participants on the **FRONT** side and Adult Advisors on the **BACK** side.

Youth Participants

NAME	Gender	Grade	T-Shirt Size	Reg/Health Form	Covenant
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

TOTAL NUMBER OF YOUTH PARTICIPANTS _____ **CONTINUED ON BACK**

Please **PRINT** the information indicated for each person attending.

List Youth Participants on the FRONT side and Adult Advisors on the BACK side.

Adult Advisors

	NAME	Gender	T-Shirt Size	Reg/Health Form	Covenant	Praesidium Form	Disclosure Statement
1.							
2.							
3.							
4.							
5.							

If applicable, We will partner with: _____
 To ensure appropriate adult leader coverage.

TOTAL NUMBER of Youth and Adult Registrations: _____ X \$65 = _____

TOTAL DUE = _____

You are not fully registered until all your forms and payment are received. ALL adult background check forms (Praesidium) must be received before arrival or adult will not be allowed to attend the retreat and no refund will be given.

Make Check Payable to: MMSUCC

MAIL TOTAL DUE AND ALL REQUIRED FORMS TO:

**Registrar - Youth Events
 2659 Camp MoVal Road
 Union MO 63084**