



FREE
PRESBYTERY-WIDE ALL-GIRLS
SLUMBER PARTY

WITH PRESBYTERIAN WOMEN'S FALL GATHERING

"God's Girls in Pearls"

FRIDAY, AUGUST 17 – SATURDAY, AUGUST 18

BEULAVILLE PRESBYTERIAN CHURCH
205 E MAIN ST, BEULAVILLE, NC 28518

6TH - 12TH GRADE + LEADERS

PLEASE BRING A SNACK TO SHARE

REGISTRATION AVAILABLE JULY 18
EVENT RSVP DEADLINE: AUGUST 11

What is Presbyterian Women's "Fall Gathering"?

All ladies of the Presbytery of Coastal Carolina are invited to gather together to worship, fellowship, and participate in numerous workshops covering all sorts of topics!

Where is it? Beulaville Presbyterian Church >>> 205 E Main St, Beulaville, NC 28518

What time does everything start? The event begins with registration Friday Evening at 6:30-7:30pm. We will conclude at the end of the Presbyterian Women's Fall Gathering on Saturday.

How much does the event cost? The event is FREE. Offering is collected during worship. Please bring a snack to share on Friday night.

What Permission Forms are Required?

- **For Youth (6th-12th graders)** ***These will remain on file for students through the 2018-2019 school year.*
 - Presbytery of Coastal Carolina Participant Emergency Information Consent Form
 - Presbytery Covenant and Permission to Use Likeness
- **For Adults Chaperones**
 - Presbytery of Coastal Carolina Participant Emergency Information Consent Form
 - Presbytery Covenant and Permission to Use Likeness

EVERY adult must review the Presbytery's Youth/Child Protection policy & return:

- Child/Youth Worker Background Check Certification Form (page 10)
- Child/Youth Worker Receipt of Policy Form (page 11)

***Any youth or adult arriving WITHOUT required forms, must return home immediately. For this event, youth or adults may return on Saturday for the PW Fall Gathering.**

We ask that you have 1 adult for every 6 youth participants. Chaperones must be provided to match the gender of youth participants. If that is a hardship for your church, please let me know and I will see if I can arrange another adult advisor to share responsibilities for your group.

DIETARY NEEDS: Be sure to let us know if any of your youth have food allergies or special requests (vegetarian). This event will include snacks on Friday evening and breakfast on Saturday morning.

Packing List – Don't forget your Required Forms!

Bible

Change of Clothing - *Dress for Saturday is "Snappy Casual"*

AND some workshop options may involve moving around, so plan ahead!

Sleeping Bag/Blanket/Pillow

Cot/Air Mattress — *Whatever you need to sleep comfortably on the floor of the church*

Toiletries

Snack to share Friday Night

OPTIONAL: *Wearing pearls on Saturday to celebrate PW 30th Anniversary!*

***About Cell Phones:**

The use of isolating technology often prevents us from being fully engaged in activities. Therefore, we request that youth and adults alike use cell phones in a way that helps **build community**.

Understanding that phones are used for alarms and cameras, they are to be put away during group activities, devotions, worship, and Fall Gathering workshops.

If a young person has a hard time keeping their phone away during these times, leaders are encouraged to give the phone a "time-out" to give our youth time to enjoy this event. – Guardians: *Be sure to have your youth leader's cell phone number in case of an emergency back home.*

Group Roster for Presbytery All-Girls Slumber Party

Due by Friday, August 10, 2018 to Presbytery of Coastal Carolina. 807 W. King St., Elizabethtown, NC 28337.

Church Name: _____

Church Address: _____ City: _____ Zip Code: _____

Group Leader Name: _____ Cell Phone: _____ E-mail: _____

Is this your group's FIRST time attending a Presbytery Youth Event? YES NO

	Girl's Name	Emergency Form	Covenant/Likeness Waiver
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>

Female Adult Chaperone	Presbytery Participant Forms		Child/Youth Worker Protection Policy Forms	
<i>*Chaperones must be provided to match the gender of youth participants</i>	Emergency Form	Covenant/Likeness	Background Cert. Form	Receipt of Policy
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

****Any youth or adult arriving WITHOUT required forms, must return home immediately.**

Presbytery of Coastal Carolina Youth Ministries

EMERGENCY CONSENT FORM

Participant Name: _____ **Sex:** ____ **Age:** ____ **GRADE (2018-2019) OR ADULT::** _____
Date of Birth: _____ **Participant's Cell Phone:** _____
Address: _____ **Home Phone:** _____
City: _____ **State:** _____ **Zip Code:** _____

IN CASE OF EMERGENCY, CALL >>> Name: _____

Relationship: _____ **Cell Phone:** _____ **Home Phone:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____

ALTERNATE CONTACT >>> Name: _____

Relationship: _____ **Cell Phone:** _____ **Home Phone:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____

MEDICAL INFORMATION

ALLERGIES: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

CARRY EPI PEN / INHALER? ____ YES ____ NO

**Please attach a note of medical necessity from Dr; stating child may keep medicine/device in his/her possession.*

MEDICATIONS: (Presently taking)

**Prescription medicine must be in the original labeled container. Minors may not self-administer meds, except if needed for life threatening conditions (e.g. EPI Pen / Inhaler)*

Please list ALL health restrictions, pre-existing or present MEDICAL CONDITIONS:

ADDITIONAL INFORMATION

Family Doctor: _____ **Phone:** _____
Name of Insurance Company: _____ **Phone:** _____
Policy Number: _____ **Date of Last Tetanus Shot:** _____
____ My child does not (I do not) currently have health insurance.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached or the alternate contact person cannot be reached in an emergency, I/we hereby give my/our permission to the physician selected by the activity leader to order emergency transportation, hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/we understand that all safety precautions will be taken at all times by the Presbytery of Coastal Carolina and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold the Presbytery of Coastal Carolina, their leaders, employees, and/or volunteers staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I/We hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. This form will be valid for one year unless otherwise written, signed, dated notification is received by the Presbytery of Coastal Carolina.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

Parent or Guardian Signature: _____ **Date:** _____

Please attach copy of insurance card

(SIDE 1 of 2)

July 15, 2018 - July 30, 2019

Presbytery of Coastal Carolina Youth Ministries

COVENANT

While participating in Presbytery of Coastal Carolina Youth Ministry activities, we will be doing our best to live together as family in Christian Community.

Each person contributes to the family and we all need to be responsible for our time together. As members of the community and trusting in the Holy Spirit, we covenant to:

- Actively participate in all the programmed activities
 - Be responsible for our own belongings and respect the property of others.
 - Use the facilities and grounds with care, obeying all the rules of the facility.
 - Observe "lights out" as a cut-off for noise, as well as lights.
 - Respect the authority of the adults in our midst.
- ** NOT possess, or partake in the use of illegal substances (i.e. - alcohol or drugs)
- ** NOT possess, or partake in the use of TOBACCO PRODUCTS
- ** NOT possess matches, lighters, or partake in any pyrotechnics.

**Violation of any of these will result in an IMMEDIATE TRIP HOME at the parent's expense, to be followed by a debriefing with the Senior Pastor, parents & youth involved, and the adult trip advisors.

Signature of Parent or Guardian / Date

Signature of Youth / Date

Presbytery of Coastal Carolina

PERMISSION TO USE LIKENESS

I, _____ (parent/guardian/self), do hereby give my permission for my dependent child's (or self) likeness and/or photograph to be used for informational and promotional purposes (print, video, multimedia, internet) for the Youth Ministries of the Presbytery of Coastal Carolina.

The Presbytery of Coastal Carolina agrees to make every effort to protect the privacy and dignity of your children and yourself. We will not include biographical information in connection with your child's picture/likeness (full name, address, email address, etc). Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of internet pictures, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

Name of Participant: _____

Adult Participant / Parent / Guardian's Signature: _____

Date: _____