

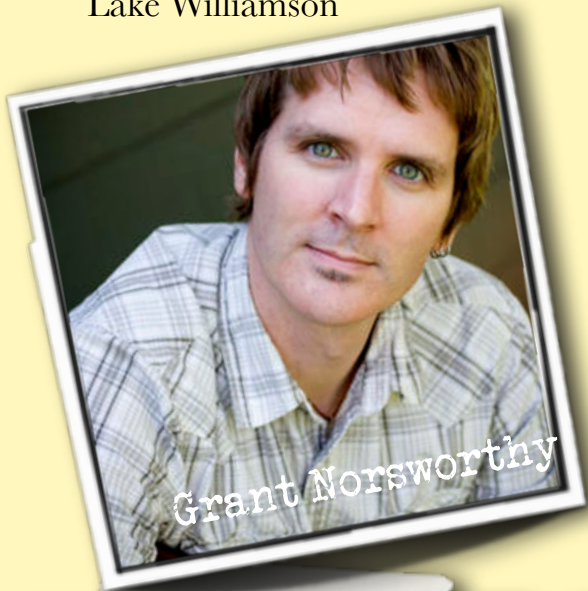
# Captivate

SENIOR HIGH YAR 2012

Lake Williamson

Carlinville, IL

February 24 - 26, 2012



Grant Norsworthy



Scott England

## Welcome

**and thanks for registering for Sr. High YAR! This packet has all the info you and your group need to ensure you have an awesome weekend!**

Grant Norsworthy, a former guitarist with SONICFLOOD and teacher, will be the keynote speaker. Originally from Australia, Norsworthy is a much-sought-after speaker at festivals, conferences, colleges, church services, workshops, and other events across the USA and many parts of the world. Through stories, word pictures and songs,

Grant Norsworthy possesses a rare ability to reshape sometimes-overwhelming concepts into deep-yet simple thoughts and propel listeners to realization and action. Grant's style is unconventional, immediate and energizing

Scott England will provide worship leadership Scott's passion moves far beyond his love for music alone. As a devoted Christian since 1991, Scott England aims to reach the world bringing the message of Christ through honest, relevant, anointed music. His engagements include performing at venues both statewide and inter-national

including youth camps, school campuses, coffee houses, clubs and amphitheaters all over the world. Scott England's unique music style and energetic delivery guarantee a concert to remember. His God given ability to lead people into worship is undeniable. His love for music and passion for people make his vision clear; making music, changing lives.

## Registration

**\$105.00 Per  
Person**

by January 27  
\$115.00 after January 27

### Registration includes

- \* Lodging
- \* Meals
- \* Worship
- \* Small Group
- Questions
- \* Workshops
- \* Recreation

### This packet contains:

- \* Registration
- \* Health history
- \* Release of liability
- \* Counselor reference
- \* Report of UM youth workers
- \* T-shirt order form

**Final  
Registration  
deadline  
February  
8, 2012**

Send registration forms to  
United Methodist Center  
Attn: YAR  
P.O. Box 19207  
Springfield, IL 62794-9207

## Concert

Scott England will be playing a concert Saturday evening from 10:15 to 11:00 p.m. Come join them in the auditorium.

## Community Agreement

To create a safe, comfortable environment, it is important for all of us to agree to follow a few general guidelines.

**All** participants are expected to remain on the camp grounds throughout the event and attend all scheduled events.

**Youth** should not be in sleeping quarters of the opposite gender.

**Alcohol** and tobacco are not permitted.

**All** youth should be in their rooms at the scheduled time, and out of respect for others around them, be quiet at lights out time.

**Participants** will be responsible for the care and proper use of the facility.

**Youth** should travel in groups of at least two people. Adult supervision is required at all times.

**Local** church youth sponsors may add more restrictive guidelines regarding the behavior of their own group. However, no person can grant permission to an individual or group to be exempt from any of these published rules other than the Conference Coordinator of Camping & Retreat Ministries.

Please understand that a serious infraction of the rules means that participants will be disciplined and/or may be sent home at their own expense.

## Housing/Meals

Among the core elements of United Methodism is a connectional community. In order to facilitate this communal development, the youth attending YAR may be mixed with youth from other churches. So much of Christianity is based in community, the YAR team feels it important to guide youth in the development of their communication and social skills.

Attendees will stay in hotel-style rooms. Males and females will stay in separate locations. Due to the separation of males and females for bunking, we request that each church send at least one male and one female adult. This will also assist in facilitating small groups.

**Meals:** The registration fee includes breakfast, lunch, and dinner on Saturday, as well as breakfast on Sunday. If you have food allergies, please notify us on the health form. Please plan to provide your own meals Friday night before arriving as well as Sunday lunch after departing.

# Workshops

There are two workshop times planned for Saturday. Sign up for your top three workshops on the registration form. Your workshops will be listed on your name tag when you arrive.

*Art* Are you the kid that loves to draw, work with clay, or just doodle? Lee and Wendy Harrison will bring their talent and skills in helping you bring out your creative side and honor Christ. So if you are artistic or just wish you were, this is the workshop for you.

*Delegators, Dictators and Anarchists... Oh, My!*

What do Barack Obama, Susan B. Anthony, Jesus, Donald Trump and YOU all have in common? You're all history in the making, and represent different types of LEADERS! Come to this workshop if you want to discover your hidden talents as a leader, and be able to recognize other leadership styles. Learning more about yourself and others will allow you to harness your full potential and *be the person God intended you to be!* This workshop will include food, drama/games and marshmallows. Dictators and anarchists welcome.

*How Powerful Is Your Tongue* Did you know that the tongue is the strongest muscle in your body? Like the fists we fight with, the tongue can be very powerful and can hurt someone just as much, if not more, than a fist. The Bible tells that we must tame our tongues. So lay down your sticks and stones and come to this seminar to learn how to tame that tongue of yours.

*Leaving Your Anger Behind* In Leaving Your Anger Behind we will explore different ways of dealing with stress, anger, anxiety and general insecurities that tend to pollute the teenage mind. When our minds are cluttered with such destructive things it makes it really hard to hear or talk to God. As humans, we tend to push God away when we need God most because we are angry, hurt or just don't understand why things are happening the way they are. Those participating in the workshop will be introduced to: conversing with yourself, breathing techniques, meditation and visualization, journaling and stretching. All of these techniques are designed to calm and clear the body and mind of things that keep us from talking and listening to God. Most people function better in an uncluttered room and the same is true for the mind as well. When we get rid of all of the stress, anger, anxiety and insecurities there is a lot more space for God.

*Youth Workers' Lounge* As youth workers we have a number of questions; curriculum, mission trips, small groups, how to get youth interested in attending, and so many more. Come join youth workers (from those who are new to the ministry or have been doing this for 100 years) and discuss ideas and how you can support one another. This workshop will be lead by two veteran youth workers.

*Your Personal Guide To Dating* When you start driving, you have to learn the rules of the road. In order to graduate you have to pass a test or two. But when it comes to dating - there's no text book to study - or test to pass. If you've ever wanted a little help in figuring out the rules of Dating, trying to understand how girls work, or figuring out why guys are the way they are- you are not alone. Gabe and Sarah Wanck have been married for 8 years, and they both learned a lot of dating lessons to get there. Come join us - guys and girls - to talk honestly about dating, how to find your way through it, and how your faith fits in along the way.

## Friday

- 5:30 - 7:00pm - Registration
- 5:30 - 7:45pm - Free Time
- 8:00 - 9:30pm - Worship
- 9:45 - 10:30pm - Small Group
- 10:30 - 11:30pm - Games & Youth Worker Meeting
- 11:30 - 12:00pm - Compline Service
- 12:00 - Lights Out

## Saturday

- 8:00 - 8:30am - Lauds Service
- 8:00 - 9:00am - Breakfast
- 9:15 - 10:30am - Worship
- 10:45 - 12:00pm - Workshop 1
- 12:00 - 1:00pm - Lunch
- 1:00 - 4:15 - Free Time
- 4:15 - 5:30 - Workshop 2
- 5:30 - 6:30 - Dinner
- 7:00 - 8:30pm - Worship
- 8:45 - 9:30pm - Small Group
- 9:30 - 11:00pm - Free Time
- 10:15 - 11:00 - Concert
- 11:10 - 11:40pm - Compline Service
- 12:00 - Lights Out

## Sunday

- 8:00 - 8:30am - Lauds Service
- 8:00 - 9:00am - Breakfast
- 9:15 - 10:45am - Worship
- 11:00 - 12:45pm - Small Group

## YAR Schedule

## SMALL GROUPS

Small groups will be organized by church, therefore, each church will need at least one adult designated as the small group leader. Please note who that individual is on the registration form.

Large churches may want to divide their group by age, gender, etc. Small churches may want to join small groups with another small church.

Spaces will be designated for small groups, but will not be assigned by church. Therefore, you will have freedom in determining your meeting location.

*Packing List:*

Pillow, sleeping bag, towel, washcloth, shampoo, toothbrush, soap, etc.

Bible, pen/pencil, notebook for workshops

Modest casual clothing.  
Extra clothes for activities.  
pajamas, coat, umbrella,  
tennis shoes, swimsuit (females must have a one-piece modest swimsuit. Males must have modest trunks.)

**\*You will be staying in "dorm" style rooms, so please be sure to bring bedding and a pillow, toiletries, and a towel/washcloth.**

## The Offering



**IMAGINE NO MALARIA**  
Imagine Saving Millions Of Lives  
The people of The United Methodist Church

**A WORLD OF PEOPLE UNIFIED IN THE FIGHT AGAINST A NEEDLESS KILLER.**

**TEXT: MALARIA TO: 27722 TO GIVE \$10**

### Prayerfully consider the pledge your group will make at YAR.

This year the offering taken at YAR will go to Imagine No Malaria

Every 45 seconds, a child in Africa dies of malaria. Millions of lives, needlessly lost each year. A continent. Entire nations...slipping away. Slipping through life's precious net. Unless you hear the buzzing inside you.

**It's time we all join hands with Africa | On a personal mission to heal | Imagine no malaria | Then make it real. | Over a million lives, we're gonna save | But only if you get involved today. | The bednets have been cast | But people can't slip through | Listen to the buzz inside of you.**

The bite of malaria doesn't have to kill. But only if you stop it.

Imagine No Malaria is more than just a campaign against a disease that kills children and destroys families. It's a movement, to make real change in the world. Join us as we work with families in Africa to end millions of needless deaths from this disease.

### The Plan To Eliminate Death and Suffering from Malaria

Imagine No Malaria helps us take the next step in this fight. Think of it as **Nets Plus**. We continue to support Nothing But Nets, because bed nets are an effective tool against the disease. But, we're doing more... improving **Infrastructure, Communications, Education**.

### Getting Results In Africa

Our team of malaria experts in Africa has been working tirelessly in this life-and-death fight. Thousands of miles of travel, countless meetings and plenty of sleepless nights have helped achieve a great deal in a very short time.

### What is Malaria?

It's been killing for thousands of years; since the time of King Tut. But it stops now. It's time to stand together. We're talking about a disease that we eliminated in the U.S. back in the 1950s, but Africa was left behind. So, what exactly are we fighting?

### Global Partners Standing Together

We are not alone. Imagine No Malaria has some pretty awesome partners to help make beating malaria a reality. We work with organizations who are global leaders in the fight against malaria and other diseases of poverty.

# Directions

We realize that Lake Williamson may be difficult to locate and have received feedback that Mapquest directions often misguide groups. In an effort to simplify your travel, some basic guidance is available to the right with two maps provided by Google maps. We encourage you to map specific directions from your departure point. [Google maps](#) and [randmcnally.com](#) are two suggested resources for specific directions.

### Lake Williamson:

17280 Lakeside Dr.  
Carlinville, IL 62626

## Directions

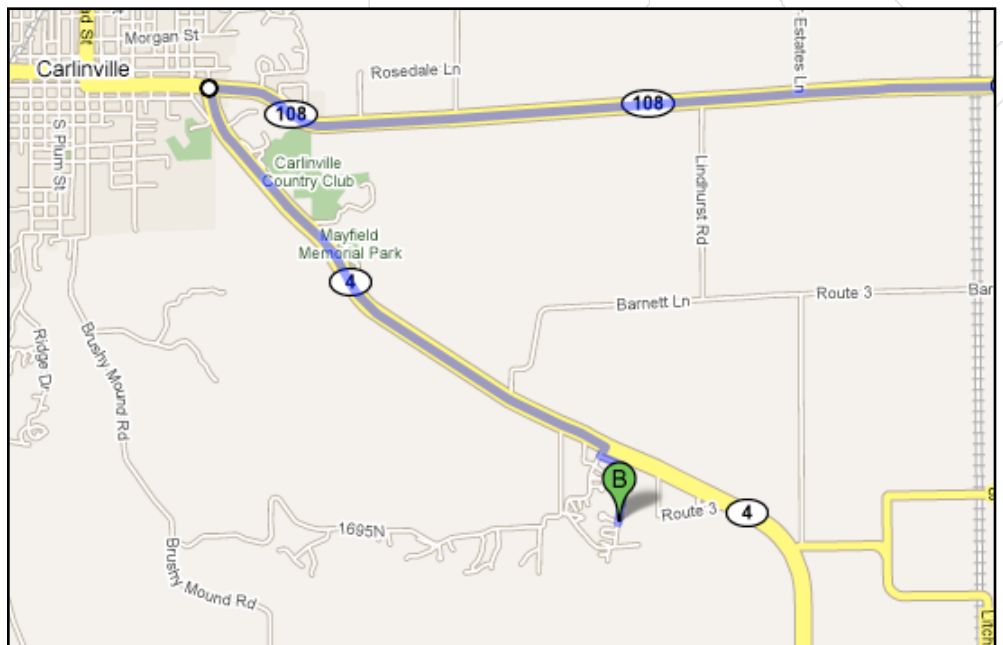
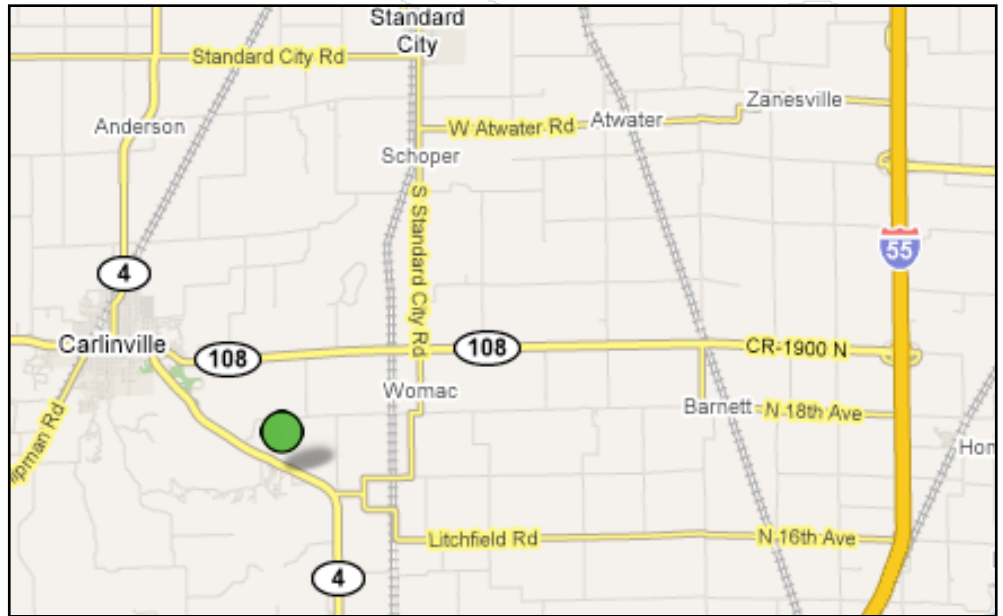
If traveling on I-55:

Exit at exit 60 and turn west on IL-108.

Travel west until reaching IL-4.

Turn south on IL-4, traveling for roughly 3 miles.

Turn right into the Lake Williamson grounds.



# Youth Annual Retreat Registration

**PARTICIPANT INFORMATION** PLEASE CIRCLE ONE:    **ADULT**            **YOUTH**

Name \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(please print clearly) Cell Phone: \_\_\_\_\_

Local Church: \_\_\_\_\_ District: \_\_\_\_\_

Counselor: \_\_\_\_\_ Counselor e-mail: \_\_\_\_\_

**WORKSHOP REQUESTS**

Workshops are required for youth. Please list your first three choices for the workshop sessions on Saturday.

Adults are encouraged to attend the Youth Workers' Lounge during the workshop times. You do not need to register for the Youth Workers' Lounge.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**Help at YAR**

We are looking for youth to help in reading scriptures and prayers at YAR. If you are interested please check the box below

Worship Reader

**Roommate Request**

Please list up to four youth/peers with whom you would like to room

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

**ADULT COUNSELORS**

Adults are expected to participate in the leadership and act in a supervisory role of all participants.

There should be at least one chaperone per every seven youth registered (i.e. a group of 10 youth requires 2 adult chaperones.)

Please list the names of youth for which you are responsible-max 7

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_

- I will be a positive Christian role model in my behavior at YAR.
- I will follow and enforce the rules and policies of the IGRC and campsites.
- I have never been convicted of child abuse or molestation.
- I authorize you to do a police background check.

**IF PARTICIPANT IS A YOUTH, THE FOLLOWING SIGNATURES ARE REQUIRED.**

"I grant permission for my child to attend YAR and understand I am responsible to transport this youth home if found in violation of the rules. I also understand that if the youth group leaves the grounds for purposes not associated with the event, I will not hold the Illinois Great Rivers Conference responsible for my child until they return."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

"I grant permission for the Illinois Great Rivers Conference the use of my child's photo for marketing purposes."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IF PARTICIPANT IS AN ADULT COUNSELOR, THE FOLLOWING SIGNATURES ARE REQUIRED.**

"I have read the rules and the description of the responsibilities of adult sponsors, agree to obey all YAR rules myself, and understand that I am responsible for supervising the behavior of the youth."

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you do not authorize the person completing the reference form to mail references without your review, please sign the reference form after you have reviewed their answers. Please submit your entire group's registration together in one envelope.

## Health History

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Please complete the following history. A health examination by a physician is only necessary if a participant has been exposed to a contagious disease or is recovering from severe injury or illness. This information will enable a health care facility to treat you/your child with minimum delays in case of an emergency. Adult participants are also required to complete this form.

Allergies/Health Problems (check and date)

- |   |                                   |                                      |  |
|---|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Anorexia/Bulimia | <input type="checkbox"/> Asthma   | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Ear infection    | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Lethargic   | <input type="checkbox"/> Rheumatic Fever |

List all allergies (food and medication): \_\_\_\_\_

Operations or serious injuries: \_\_\_\_\_

Chronic or recurring illness and/or concerns of a physical or emotional nature (Please be specific.): \_\_\_\_\_

Date of last physical: \_\_\_\_\_ General Health Appraisal: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Are all immunizations up-to-date?: \_\_\_\_\_

List any restrictions: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Is there any other concern that the staff should be aware of?: \_\_\_\_\_

**HEALTH AND ACCIDENT COVERAGE**

Participants will be covered by a health/accident policy that will pay for the first \$250 of health care, and the balance over that amount is not collectible from the users' other insurance coverage up to policy limits.

\_\_\_\_\_  group  individual  
 Insurance Company Policy Number Type of Policy

\_\_\_\_\_ Name of Policy holder Parent/Guardian, Social Security Number  
 (requested by hospital)

Policy holder's Employer and Employer's Address

**AUTHORIZATION FOR MEDICAL TREATMENT**

In registering for this event the parent/guardian/person authorizes the Illinois Great Rivers United Methodist Conference to secure medical treatment for this participant in case of any illness or accident for which the Director or first aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the Director/first aid personnel/designated staff member to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me/my child as named.

Signature of Parent/Guardian/Participant of legal age	Relationship	Date
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Family Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list any special medical, dietary, or physical needs: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY**

1. Grandparent/Relative/Friend \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_

Street & Number	City	State	Zip
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2. Grandparent/Relative/Friend \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Cell (\_\_\_\_) \_\_\_\_\_

Street & Number	City	State	Zip
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### Release of Liability

The Illinois Great Rivers Conference offers a wide variety of services and voluntary activities designed to enrich the youth experience.

Consequently, a properly executed Release of Liability is required before anyone may attend Youth Annual Retreat as either a youth or a leader. Such a Release of Liability is set forth below. If you are a prospective Youth or Adult volunteer under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated "Parent or Guardian of Minor Youth or Adult Leader" If you are a prospective youth or adult leader eighteen years of age or older, you must print your name below and then sign and date the line designated "Adult Leader." You are encouraged to consult an attorney if you have any questions about the meaning of this document. In addition, you are encouraged to contact the Conference Camping & Retreat Ministries office by phone at 217.529.2646 or 217.529.3007 or e-mail to [camping@igrc.org](mailto:camping@igrc.org) if you have any questions about the service or activities provided at YAR.

**By signing below \_\_\_\_\_ (print neatly the appropriate name as described above, either parent of youth under 18, or youth or staff 18 and older) acknowledge and agree to the following:**

- I understand that my participation in youth activities and receipt of youth services is voluntary;
- I understand that in order to participate in certain off-site YAR activities, I will be transported in a licensed, insured vehicle of the Illinois Great Rivers Conference or in some instances a privately owned vehicle;
- I understand that in the case of a medical need not requiring on-site emergency medical treatment that I may be transported by a licensed, insured vehicle of the Illinois Great Rivers Conference or in some instances a privately owned vehicle;
- In consideration of attending a Youth Annual Retreat as a youth or adult leader, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the Illinois Great Rivers Annual Conference of the United Methodist Church, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my attendance at the Youth Annual Retreat for injury to my person or property or my death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, or (as appropriate);
- In consideration of my child's or ward's attendance at a United Methodist Youth Annual Retreat, I, for myself and on behalf of my minor child or ward and his or her executors, administrators and heirs, give permission to my minor child or ward to participate in any of the activities identified above subject to the limits identified on Health Form attached hereto and release and hold the Illinois Great Rivers Annual Conference of the United Methodist Church my child or ward attends, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from the child's or ward's attendance at a United Methodist Youth Annual Retreat for injury to my child or ward or his or her property or his or her death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law.
- I have read and understand the risks summarized above;

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Adult Leader \_\_\_\_\_ Date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

**Adult Sponsor Reference and Background Check**  
**Illinois Great Rivers Conference Camping/Retreat and Youth Ministries**  
 (For persons age 18 and older)

Name: \_\_\_\_\_  
Last Name                                      First Name                                      Middle                                      Other Last name (e.g. maiden name)                                      Nick Name/Name you go by

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Gender:  Male     Female      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street # and Street Name                                      Apt #                                      City                                      State                                      Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_      Cell Phone: (\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_      Driver License State: \_\_\_\_\_      Driver License Number: \_\_\_\_\_      Expires: \_\_\_\_\_

Previous residence(s) for last 5 years (include college and home residences):

City	State	Years

- Yes  No Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? If yes, please explain on a separate sheet.
- Yes  No Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? If yes, please explain on a separate sheet.
  - Indecent assault and battery on a child under fourteen
  - Indecent assault and battery on a mentally retarded person
  - Indecent assault and battery on a person who has obtained the age of fourteen
  - Rape
  - Rape of a child under sixteen with force
  - Assault with intent to commit rape
  - Kidnapping of a child under sixteen with intent to commit rape
  - Distribution and trafficking of narcotics or other controlled substances
  - Intent to commit any of the above crimes
- Yes  No Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? If yes, please explain on a separate sheet.
- Yes  No Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? If yes, please explain on a separate sheet.
- Yes  No Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? If yes, please explain on a separate sheet.

I understand that:

- a. The IGRC may deny employment/ volunteer service to any person who answers any of questions above in the affirmative.
- b. In applying for an IGRC staff/volunteer position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The IGRC may terminate employment/ volunteer service of any person:
  - 1) found to have a history of complaints of abuse or a minor and/or
  - 2) found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
- d. This disclosure statement must be updated yearly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BACKGROUND CHECK PERMISSION**

I, \_\_\_\_\_ give permission to the Illinois Great Rivers Conference to run a criminal background check, which will include the National Registry of Sexual Predators. This background check requires my Social Security Number and, in case of a driver's license background check, my driver's license number.

Name, printed: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**REFERENCES:**

Please list two personal references (people who are not related to you by blood or marriage) and provide **complete** address, phone contact information for each. References will remain confidential.

1. Name: \_\_\_\_\_

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

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Your relationship to reference: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Your relationship to reference: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

### Report of UM Youth Workers

In order to facilitate communication between the local church, UMYF group, and the Conference Youth Ministry Team, we request the following information.

Return this form to: Conference Ministry Team, Attn: YAR P.O. Box 19207, Springfield, IL 62794-9207.

#### CHURCH INFORMATION:

Church: \_\_\_\_\_

District: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Is the pastor an active sponsor of your church's youth group programs?: \_\_\_\_\_

#### CHURCH YOUTH MINISTRY LEADERSHIP:

1. Name: \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Please list major areas in youth ministry for which this person is responsible in your church:

2. Name: \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Please list major areas in youth ministry for which this person is responsible in your church: .

What are the Youth Ministry opportunities that meet regularly?



# T-shirt Order Form and Payment Record

**CHURCH NAME:** \_\_\_\_\_

A limited number of t-shirts will be available for \$13.00. To be guaranteed t-shirts please pre-order. Submit payment for the t-shirts with the registration fee. T-shirts are \$13.00 and are not a part of the registration cost.

Indicate the total number of T-shirts next to the size:

Youth sizes:

YM \_\_\_\_\_

YL \_\_\_\_\_

Adult sizes:

S \_\_\_\_\_

M \_\_\_\_\_

L \_\_\_\_\_

XL \_\_\_\_\_

XXL \_\_\_\_\_



**TOTAL NUMBER OF T-SHIRTS:** \_\_\_\_\_

## Local Church Payment Record

**TOTAL NUMBER OF REGISTRANTS**

\_\_\_\_\_ x \$105.00 By January 27

\_\_\_\_\_ x \$115.00 By February 8

**TOTAL REGISTRATION \$** \_\_\_\_\_

+ \_\_\_\_\_ T-Shirts x \$13.00 \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_

Please make checks payable to IGRC.

# Signature Page

Participants Name \_\_\_\_\_ (Please print clearly. **Required**)

### AUTHORIZATION FOR MEDICAL TREATMENT

In registering for this event the parent/guardian/person authorizes the Illinois Great Rivers United Methodist Conference to secure medical treatment for this participant in case of any illness or accident for which the Director or first aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the Director/first aid personnel/designated staff member to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me/my child as named.

Signature of Parent/Guardian/Participant of legal age

Relationship

Date

## Youth Annual Retreat Registration Signature Page

### IF PARTICIPANT IS A YOUTH, THE FOLLOWING SIGNATURES ARE REQUIRED.

"I grant permission for my child to attend YAR and understand I am responsible for transportation home of this youth if found in violation of the rules. I also understand that if the youth group leaves the grounds for purposes not associated with the event, I will not hold the Illinois Great Rivers Conference responsible for my child until they return."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

"I grant permission for the Illinois Great Rivers Conference the use of my child's photo for marketing purposes."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### IF PARTICIPANT IS AN ADULT COUNSELOR, THE FOLLOWING SIGNATURES ARE REQUIRED.

"I have read the rules and the description of the responsibilities of adult sponsors, agree to obey all YAR rules myself, and understand that I am responsible for supervising the behavior of the youth."

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you do not authorize the person completing the reference form to mail references without your review, please sign the reference form after you have reviewed their answers. **Please submit your entire group's registration together in one envelope.**

## Release of Liability Signature Page

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Adult Leader \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_