

Contents (What to Bring):

Bible, notebook, pen, your heart, sleeping stuff [which may include a sleeping bag or blankets, pillow and stuffed teddy], enough clothes for a weekend of indoor & outdoor activities [this should include coat, hat, gloves/mittens, boots, as well as plenty of jeans, shirts, sweatshirt, socks, underwear, etc.], a sense of adventure, money, and toiletries [toothbrush, toothpaste, deodorant, contact stuff, etc.]

Prohibited Items (What NOT to Bring):

Electronics [cell phones, MP3 players/iPods, gaming systems, etc.], alcohol [duh!], tobacco [duh!], fireworks [duh!], weapons [duh!], bad attitudes, expensive 'anythings'



Humans are Not for Sale



Western New York District
of the Wesleyan Church

Registrations due to your youth leader by January 15th ... Cost is \$70

\$10 discount if you register by January 1st!

Scan the QR code for vCal info!



WESTERN NEW YORK DISTRICT

WINTER RETREAT

JANUARY 27–29, 2012

Did you know that the Bible mentions justice, injustice & oppression more than 200 times? If you spend a little bit of time looking at those passages, you'll find that God is furious about injustice. The people of God, though, tend not to be furious. We're uncomfortable with oppression, indignant about injustice in an abstract way, but unless it touches our lives directly we rarely even get mad. What can we do about injustice? Often we feel powerless to help. This retreat will be focused on how we can be agents of God for redemption in our world. The decisions you make, the products you buy, the way you pray, and where you go in your life will all have an effect on justice. Join us as we discover together how we can truly make a difference ... one person at a time.

Please leave your cell phones & electronics at home ... part of the retreat experience is leaving distractions at home. If your parents need to reach you they can call Camp Hickory Hill at 585-535-7832 or call your youth leader directly if that number has been made available.

The retreat will be held at Camp Hickory Hill, 2970 Kohler Road, Varysburg, NY 14167. Registration will be Friday, 8—9 PM. Groups will be given cabin assignments upon checking in. Be sure to complete the enclosed permission form ... making a note of any cabin requests & your t-shirt size.

Feel free to bring money for the snacks that will be available at a reasonable cost throughout the weekend. The income from the snacks goes to a special mission project that will be made known that weekend.



Medical Release & Permission Form

Justice Experience Winter Retreat, January 27—29, 2012

I, _____, am the parent or legal guardian of _____, hereinafter, "my child",
Name of parent or guardian Name of minor

who was born on _____. My child has my permission to attend the *Justice Experience Winter Retreat* with churches from the Western New York District of the Wesleyan Church under proper supervision from Pastors from those churches and approved adult leadership of the churches (which may include other pastors, staff, leadership and appropriately screened adult volunteers).

I hereby authorize the Pastors and all other approved adult leadership of the churches who are 18 years of age or older, who supervise the activities at this event into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. This permission is granted without the necessity to contact me first.

I further authorize the Pastors and all other approved adult leadership of the churches who are 18 years of age or older, who supervise the activities at this event to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Pastors and all other approved adult leadership of the churches who are 18 years of age or older who supervise the activities at this event.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

I also understand that there are inherent risks involved in any ministry event and hereby release the churches, the Pastors, and approved adult leadership of the churches from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement.

Dated _____, _____
Signature of parent or legal guardian

Additional emergency information

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Medical / health insurance company _____ Insurance policy no. _____ Group number _____

Alternate emergency contact (when parents cannot be reached) _____ Phone Number _____

Allergies / allergic reaction of my child _____

Medicine being taken by my child _____

Other information regarding my child's health that a doctor should know _____

Additional ministry information

You may request one person for your cabin: _____ TShirt Size: S M L XL XXL

Please check this box if you consent to our ministry using your child's image in the promotion of ministry events.