



created to be  
MORE

Youth Mission Retreat  
March 16-17, 2012  
Bethelwoods



Created in the image of God, we know we are children of God. As children of God, we seek to serve and follow Jesus.

There is the nice Christian story that all parents want for their young people. However, the real Christian story is that we were created to be more.

It's a little bit dangerous.

In a society focused on getting more, having more and doing more, we will focus on BEING MORE. This weekend we will claim our identity as children of faith and explore our call in ministry and mission.

## *Mission Projects*

Youth and their adult leaders will participate in hands-on service projects in a variety of settings. Come and BE MORE for agencies that serve children with disabilities, women and children who have been abused, the hungry, and those struggling with poverty.



### *Retreat Leader*

Michelle Thomas-Bush is the Associate for Youth and their families at Myers Park Presbyterian church where she has served for two years. She is challenged by young people who are passionate about their faith and loves to join in deep theological discussions. Michelle is a graduate of Montreat Anderson college, PSCE and Columbia Seminary



### *Music Leader*

Nick Cheek is the Celebrate Band Leader and Middle School Coordinator at Myers Park Presbyterian Church. He is a seminarian at Union Presbyterian Seminary with wife, Ashley. He is Dad to Nicholas, Jr. , Lydia Grace and Ada Lee. Nick has led worship music for Montreat's BLAZE Conference and the Presbyterian Transformation Conference. He is looking forward to a second year of rocking out with the Youth of Providence Presbytery.

When? March 16-17, 2012

Where? Bethelwoods Camp

How Much? \$32 per person

Registration Deadline: February 23

***Contact Your Youth Leader to Register.***

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*Adult Chaperones must stay for entire retreat.*

*Friday, March 16*

6:30 Check-In

7:00 Supper

Evening of fellowship, recreation, and music

*Saturday, March 17*

8:00 Breakfast

8:50 - 12:15 Mission Work\*

12:30 Lunch

Afternoon - Reflection & Worship

4:00 Leave for home

***Registration Deadline: February 23rd***

Register by the deadline to receive an event T-shirt for youth and adult participants.

\*Mission Work opportunities will take place on and off-site as we minister to people in need in the York County community and beyond.

Event subsidized by Bethelwoods and Education and Equipping Ministry Teams.

**PROVIDENCE**  
**presbytery**

Guided by the Holy Spirit, the mission of Providence Presbytery is to equip, support, and connect our congregations as they faithfully serve Jesus Christ in a changing world.



## To Complete Registration Attach the Following:

### For Each Youth Participant

- Signed Medical Release Form
- Copy of Insurance Card (FRONT and BACK)
- \$32 (Non-Refundable)

### For Each Adult Participant

- Signed Medical Release Form
- Copy of Insurance Card (FRONT and BACK)
- \$32 (Non-Refundable)



### If Available to Drive

- Copy of Driver's License
- Proof of Auto Insurance

### Amount Enclosed

Total Youth Participants	
Total Adult Participants	
Total Participants	
Amount Enclosed (total x \$32)	

Mail all required Documents and Full Payment to Kathryn McGregor,  
Providence Presbytery, 515 Oakland Ave., Rock Hill, SC 29730

The low participation cost for Created to be MORE: Youth Mission Retreat 2012 is made possible by subsidies from the Education and Equipping and Bethelwoods Ministry Teams.



Presbyterian Church (USA)

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Kathryn McGregor  
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Rock Hill, SC 29730

Phone: 803-328-6269  
Toll Free: 800-922-1609  
Fax: 803-328-8701

www.providencepres.org

## TRANSPORTATION AND MEDICAL RELEASE FORM

Name of Youth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_

**\*\*Please list all possible contact numbers.**

I grant permission for my above-named youth to participate in the Providence Presbytery Youth Mission Retreat at Bethelwoods Camp & Conference Center on March 16-17, 2012. I understand that my child will be leaving Bethelwoods with a group of youth and adults on Saturday morning to participate in a mission project in York County. I permit my child to be transported in privately-owned vehicles for the off-site activities.

Furthermore, I understand that every effort will be made to insure safety and I will not hold Providence Presbytery, the adult leaders, or my local church responsible for any accidents or injuries from accidents.

In the event of a medical emergency, I understand that every effort will be made to contact me. If I cannot be reached in the event of an emergency, I hereby authorize one of the adult leaders on the trip, as an agent for me, to consent to an x-ray examination; medical, dental, or surgical diagnosis; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice in South Carolina, either at a doctor's office or in any hospital. Should there be no adult leader available, I give permission to the attending physician, hospital or clinic to treat my minor child.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church, presbytery, or organization sponsoring the event will be used as the secondary coverage.

I also give permission for the use of photography and video including my child to be reproduced and used in future promotional materials.

My child takes the following medications that will need to be administered on the trip: \_\_\_\_\_

Dosage and Instructions:

**\*\* Please send all prescription medications in an original bottle with doctor's instructions.**

Signature of Parent or Legal Guardian: \_\_\_\_\_

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



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## MEDICAL RELEASE FORM

Name of Participant:

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Date of Birth:

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Cell Phone:

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Emergency Contact:

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Phone:

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I have agreed to be an adult leader for Providence Presbytery's Youth Mission Retreat at Bethelwoods Camp & Conference Center on March 16 & 17, 2012. I understand that every effort will be made to insure my safety and I will not hold Providence Presbytery, the leaders, or my local church responsible for any accidents or injuries from accidents.

Further, I am responsible for my health care decisions and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to me in the event of a medical emergency. Any policy of the church, presbytery, or organization sponsoring the event will be used as the secondary coverage.

In the event of a medical emergency for which I am unable to make medical decisions for myself and my emergency contact cannot be reached, I hereby authorize another adult leader on the trip as agent for me, to consent to an x-ray examination; medical, dental, or surgical diagnosis; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice in South Carolina, either at a doctor's office or in any hospital. Should there be no other adult leader available, I give permission to the attending physician, hospital or clinic to treat me.

I also give permission for the use of photography and video including me to be reproduced and used in future promotional materials.

Signature of Adult Participant:

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Date

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