

Mission u 2015
Residential Youth CAMP!
July 16-19
Pfeiffer University,
48380 U.S. Highway 52N
Misenheimer, NC 28109



**Latin America:
Places, Culture and
Faith**

Resident Youth Camp. This year *Mission u* is providing the opportunity for up to **15 high school students or recent graduates** to participate in study, worship, fellowship and hands-on ministry!

Theme: "Latin America: Places, Culture and Faith"

This is a study for young people regarding Latin American life, customs, culture, young people, geography, and liturgical practices. You will increase your understanding of what life is like for Latin American youth who are working toward and dreaming of a better world.

Leaders: Rev. Sherri Barnes and Sherry Sink

COST: \$150 per student. The expectation is that the student will pay \$50 towards the experience with their local church/UMW unit paying the balance of \$100.

AGE: *Mission u* is open to high school students who have **completed 8th grade through those who have completed 12th grade.**

SPECIAL NEEDS: If you have any physical conditions that require consideration in room or classroom assignment, please explain on registration form or on separate sheet of paper stapled to your form.

HOUSING: Housing will be in College Dormitories. Pfeiffer Student Leaders will be serving as Camp Leaders!

WHAT TO BRING:

- **Your Bible (of course!!)**
- Musical instrument if you play
- Toiletries (soap, shampoo, body wash, etc. etc. etc.!!) Whatever you need to be clean & happy!
- Outdoor toiletries (bug spray & sun screen) Whatever you need to be comfortable!
- Sheets/blanket/pillow (Twin XL) or a sleeping bag instead of sheets/blanket
- Bath towels/wash cloths/hand towels
- Rain gear if forecasted
- Clothes, sleepwear, & footwear (**SOCKS & SHOES**) that will keep you comfortable & happy!

ON Friday and Saturday, we will be going out into the community for hands on ministry experiences. You will need to wear a T-shirt or tank top (no spaghetti straps), shorts are fine (not too short), socks and closed toed shoes. (You MUST have closed toed shoes).

- Medicines (Please bring them in prescription bottles/containers)-Need parent/legal guardian's permission/advisement regarding your medicine schedule
- Copy of your health insurance card & vaccination records
- List of any dietary restrictions/concerns
- Jacket, sweat shirt, hat, sun glasses
- Small amount of spending money if desired
- Camp Chair
- It's OK to bring electronic devices (computers, e-readers, tablets, cell phones, etc. etc. etc.) **BUT you are responsible for them.** (Wireless internet is available on the campus.)
- **DO NOT BRING: Expensive items or items of sentimental value that you would be unhappy if they were lost or broken!**
- **Also plan to bring Open Minds, Open Hearts, & Open Hands!!!!**

CONSENT FORMS: For youth participants, there are covenant and consent forms that must be completed and accompany the basic registration form. Those forms are available from the school officers, district presidents, and our conference website at www.wnccumw.org. **There will be a youth curfew in effect at 11:30pm**

REGISTRATION - 2015 Western NC Conference *Mission u* – YOUTH CAMP!

STUDENT INFORMATION: *Please PRINT CLEARLY and complete all information.*

Name: _____ First Timer? () Yes
(Name for name tag)

Church: _____ District: _____ () Female () Male

Date of Birth: _____ (m/date/year) Grade Level for 2015-2016 school year: 9__ 10__ 11__ 12__ College ____

Address: _____
Street, P. O. Box City State Zip

Telephone: () _____ Email: _____

Roommate (if applicable) _____ (Must be sent in together!)

In case of Emergency, contact: Name: _____ Telephone: () _____

Special Housing/Classroom Needs (*please be specific*): _____

REGISTRATION FORM & PAYMENT DUE BY JUNE 26, 2015

Make Checks payable to: UNITED METHODIST WOMEN

Mail Check and Registration form to:

Virginia Robinson
2141 Millstone Drive
Morganton, NC 28655

Registration is open May 1-June 26, 2015

**All Registrations must be postmarked no later than
June 26, 2015**

THERE WILL BE NO ONSITE REGISTRATIONS

Call/Email/Text Questions or Concerns to

Sherri Barnes - sherri.barnes@pfeiffer.edu or 704-463-3073



Permission/Medical Release Form for *Mission u* 2015

This form is necessary for any student wishing to stay overnight in a Pfeiffer University Residence Hall. Clearly print, provide necessary signatures, and submit to the Office of Church Relations.

Students will not be permitted to attend *Mission u* without completing this form.

Date: _____

Student Name: _____ T-Shirt size _____

Address: _____

Home Phone: _____ Cell Phone: _____

High School: _____ Grade (2015-2016 school year) _____

Medical Concerns/Allergies: _____

Parent Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian

I give permission for my child, named above, to visit and stay overnight in a Residence Hall at Pfeiffer University. I hereby release and hold harmless Pfeiffer University, its trustees, administrators, and employees from any and all liability, damage, or claims made against them related to my child's participation in this visit to Pfeiffer University. In addition, I authorize a representative of Pfeiffer University to consent to medical care of my child in the event I cannot be reached.

Student

I agree to abide by all laws, policies, and rules set forth by Pfeiffer University and its staff. I understand failure to do so could result in notification of my parent/guardian and a request that I leave campus.

Authorization to use photographs and/or audio-visual

I hereby authorize Pfeiffer University to use, reproduce, and/or publish photographs, voice reproductions and/or video that may pertain to my child. I understand that this material may be used in any legal manner in various publications, promotional or recruitment materials or for other related endeavors. This material may also appear on Pfeiffer's website, social media outlets and in university publications. I understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

Signature of Parent/Guardian

Date

Signature of Student

Date

United Methodist Women
WESTERN NORTH CAROLINA CONFERENCE
2015 *Mission u*
Covenant and Consent Form for Youth

Print Name of Youth Participant

COVENANT:

As a participant in *Mission u*, I take seriously my responsibility and affirm my commitment for the well-being and safety of others and myself. I agree to remain on the site unless I have been given permission to leave by my chaperone and the Western North Carolina Conference United Methodist Women's designated person in charge. I will attend all activities, including meals. I will observe the scheduled curfew of 11:30 p.m. by being in my room, being quiet, and not disturbing others. I will not use tobacco, illegal substances, or alcohol. I will respect the equipment and property of others and care for the facility that we share.

This covenant is made between each youth participant and the whole group. I understand that if I break the covenant, and if the brokenness cannot be reconciled, that my parent will be contacted and I may be sent home from the event.

Youth Participant Signature

Date

CONSENT OF PARENT OR GUARDIAN:

I give my permission for my son/daughter to participate in *Mission u* to be held at Pfeiffer University, July 16-19, 2015. I have read the covenant, which my son/daughter has signed, and I understand the responsibilities to which he/she has agreed. I will support him/her in fulfilling this covenant.

I understand that it is essential that my son/daughter conduct himself/herself appropriately and refrain from the use of alcohol, cigarettes, tobacco, drugs, cursing, and other inappropriate behavior that may detract from the purpose of *Mission u* or hinder other participants from enjoying the event. If it becomes necessary to take disciplinary action with my son/daughter, I will be advised of the situation, and I agree to cooperate in resolving the problem as amicably as possible. If the situation requires that my son/daughter be sent home from the event, I agree to assist with transporting my son/daughter from the event location to his/her home.

Parent or Guardian Signature

Date