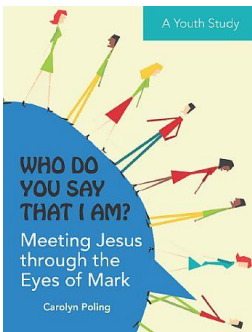


Mission u 2019  
**Residential Youth Camp**  
July 18-21  
Pfeiffer University,  
48380 U.S. Highway 52N  
Misenheimer, NC 28109

**Residential Youth Camp** provides the opportunity for up to 20 high school students or recent graduates to participate in study, worship, fellowship and hands-on ministry.

**Who Do You Say that I Am?  
Meeting Jesus Through the Eyes of Mark**



Author Carolyn Polling will guide youth through the Gospel of Mark, helping them to define who Jesus is to them. The goal of the study is to help youth explore scripture in new ways, so they can develop their own faith and put it into action.

Leaders: **Sherry Sink and Renee Hayes**

**COST:** \$150 per student. Local UMW units are encouraged to contribute toward this cost.

**AGE:** Mission u Youth Camp is open to high school students who are rising 9th graders through those who have just completed 12<sup>th</sup> 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 a college dorm.

**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](http://www.wnccumw.org). **There will be a youth curfew in effect at 11:30 PM.**

**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 and activities. 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!**

# REGISTRATION - 2019 WNCC UMW 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: \_\_\_\_\_ Grade Level for 2019-20 school year: 9 \_\_\_ 10 \_\_\_ 11 \_\_\_ 12 \_\_\_ College \_\_\_

Address:

Street or P. O. Box

City

State

ZIP

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Roommate (if applicable) \_\_\_\_\_ (Must be sent in together!)

Emergency contact: Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Special Housing/Classroom Needs (please be specific): \_\_\_\_\_

## REGISTRATION FORMS & PAYMENT DUE BY JULY 5, 2019

Make check payable to: United Methodist Women

### Mail check and registration form to:

LaDonna Butts  
865 Lake Lynn Rd  
Concord 28025-9634

Registration is open May 1 - July 5, 2019

All registrations must be received no later than  
July 5, 2019

**THERE WILL BE NO ONSITE REGISTRATION.**

**Call/Email/Text Questions or Concerns to**  
Sherry Sink/336-880-2663/sherrysink@gmail.com



# Permission/Medical Release Form for Mission u 2019

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 (2019-20 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  
2019 Mission u  
Covenant and Consent Form for Youth

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***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.

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\_\_\_\_\_  
Youth Participant Signature

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\_\_\_\_\_  
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 18-21, 2019. 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.

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\_\_\_\_\_  
Parent or Guardian Signature

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\_\_\_\_\_  
Date