



Youth Equipped to Serve

DECEMBER 1-3, 2017

INFO PACKET



Who:

For high school juniors and seniors (for the 2017/2018 school year) who want to seek out God's calling for their life, and may be called to ministry.

What:

YES is a retreat for high school juniors and seniors from around the Mid-Atlantic District who want to seek God's calling for their life. Students who register for this event will receive materials before the event to guide them through some of the tough questions in finding their calling. At the event students will be encouraged in their call, receive practical advice from those in ministry, have workshops in specific ministry areas, spend time with other students from around the district, have a chance to tell their story, plus much more!

When:

December 1-3, 2017

Where:

Kenbrook Bible Camp

190 Pine Meadow Rd.

Lebanon, PA 17046

kenbrook.org

Cost:

\$160.00

(make checks payable to **Mid-Atlantic District NYI**)

this includes food, lodging, session speakers, materials, etc.

Payment, application, medical release form, and pastor's reference must be postmarked by September 30, 2017 .

Send to:

Derek Parson

94 Walnut St. Laurel, DE 19956

If you have any questions contact Derek Parson at pastorderekparson@gmail.com

What ministry area workshop would you like to attend? (check one)

- Youth Ministry
- Children's Ministry
- Music Ministry
- Pastoral Ministry
- Missions/Compassionate Ministry
- Living out my calling in a "secular" job
- Other _____

I _____ agree to respect adult leaders, fellow students, and follow
(applicant's name)
the guidelines given at the Mid-Atlantic District's YES Retreat.

Applicant's Signature

Please include your payment, medical release form, and a written recommendation from your youth pastor or pastor with this application.

Send to:

Derek Parson
94 Walnut St.
Laurel, DE 19956

must be postmarked by September 20, 2017



YES Retreat Emergency Treatment Form



Name: _____ Birth Date: ____/____/____ Sex: M or F

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell phone: _____

Mother/Guardian Name: _____

Mother's work phone: _____ Cell phone: _____

Father/Guardian Name: _____

Father's work phone: _____ Cell phone: _____

If Parent/Guardian cannot be reached, call:

1. Name: _____ Phone: _____

Relationship to student: _____

2. Name: _____ Phone: _____

Relationship to student: _____

Family Physician: _____ Phone: _____

Indicate any serious medical problems: _____

List any allergies: _____

Do you take any medications regularly: _____

Insurance Provider: _____ Policy Number: _____

Emergency Procedures:

We have adopted the following procedures in caring for your child if he/she becomes sick or injured at YES Conference:

1. We will call home or parent's cell phone. If there is no answer:
2. We will call the parent/guardian's place of employment. If there is no answer:
3. We will call the emergency contacts listed, and the physician.
4. If none of the above answer, we will call an ambulance, if necessary, to transport your child to a local medical facility.
5. Based upon the medical judgment of the attending physician, the child may be admitted to a local medical facility.
6. We will continue to call the parent/guardian or physician until one is reached.

Please read & sign.

If I cannot be reached and the YES Conference leaders have followed the procedures described above, I agree to assume all expenses for moving and medically treating this participant. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia, which may be carried out based on the medical judgment of the attending physician.

Parent/Guardian signature

Date