

MN CONFERENCE UNITED CHURCH OF CHRIST

HIGH SCHOOL YOUTH EVENT: **"BULLYING & YOUR FAITH"**

MARCH 2-4, 2012

CAMP KOINONIA, SOUTH HAVEN, MN



Join conference youth and our keynoter Alison Feigh for a weekend retreat at Camp Koinonia for a look at how bullying intersects with our faith. This event is for High School youth (grades 9-12) and their adult leaders (21 and older).

Alison Feigh comes to us from the Jacob Wetterling Resource Center and is a passionate advocate against the exploitation of Children and Youth. She has co-authored a textbook on sexual violence prevention, authored two children's books, and has done extensive media interviews including CNN, Fox News, and local news stations.



REGISTER ONLINE AT WWW.PILGRIMPOINT.ORG

Early Registration by February 13: **\$75 youth, \$50 adult**

Registration after February 13: **\$85 youth, \$60 adult**

Deadline for all registrations is February 27

Senior High Youth (grades 9-12 ONLY) and their **Adult Leaders (21 and older)** are invited to attend

All attendees are expected to be active participants in the **entire event**. **Check-in will begin at 6:30PM** on Friday, March 2 (dinner will not be provided Friday evening). The retreat will **conclude at Noon** on Sunday.

Questions? E-mail Zac at zacn@uccmn.org or call the Conference office at 612-871-0359



YOUTH AUTHORIZATION FORM

High School Youth Event: "Bullying Something"

March 2-4, 2012, Camp Koinonia

Name: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Church: _____ Insurance/Policy No.: _____

Important Health Info/Restrictions (i.e. allergic to sulfa drugs, vegetarian, diabetic, asthma, ADHD, etc.)

Prescription Medications: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

PARTICIPANT AUTHORIZATION

I agree to participate fully in this event, and will seek to live by the covenant established by the group on Friday. I will act in a way that is respectful of other people and their property. If I break the covenant, I am prepared to accept the consequences of my actions as determined by the decision of the Conference Program Director.

Participant Signature: _____ Date: _____

If you are willing to help lead music during the weekend, please specify instrument/voice: _____

Are there other leadership areas you are interested in? _____

PARENT/GUARDIAN AUTHORIZATION

I authorize the adult leaders in charge of this retreat to take appropriate action in the case of a medical emergency involving my youth. I will also accept the responsibility for transportation expenses if my youth should break the covenant and be required to leave the event.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Print): _____ Youth will be driving to the event? Yes/No

CLERGY/MISTER SUPPORT

I will pray for this youth during the weekend and understand that Conference retreats are designed to assist the church in providing awesome spiritual experiences.

Clergy/Minister Signature: _____ Printed: _____

Register online at www.pilgrimpoint.org and send your completed Authorization Form to:
MN Conference UCC, Attn: Zac Norenberg, 122 W Franklin Ave Suite 323, Minneapolis, MN 55404.
If you did not submit your payment online, please include a check made out to **MN Conference UCC.**