



## Charleston Atlantic Presbytery

2421 Ashley River Road • Charleston, SC 29414

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Web: [www.chas-atlpresbytery.org](http://www.chas-atlpresbytery.org)

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January 7, 2010

# ATTENTION MID-HIGH ADVISORS

Enclosed you will find information about the Mid-High Retreat to take place February 19 – 21 at Bethelwoods Camp and Conference Center.

Our theme is: BFF: What Does It Mean?- focusing on our relationship with God through Jesus Christ and others.

Please plan to bring your middle schoolers (grades 6-8) to the retreat. There will be small groups, singing, recreation, great food, and wonderful fellowship! The cost is \$70.

Studies have shown that retreat experiences have a significant impact on the spiritual lives of young people. Don't miss this opportunity!

Get your registrations ("Church Registration Form" and ONE check made payable to Charleston Atlantic Presbytery) in by Tuesday, February 2<sup>nd</sup>. You may bring your release forms with you to the retreat. Please make sure you have a form for every attendee.

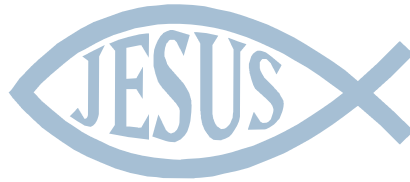
The Mid-High Ministry of Charleston Atlantic Presbytery hopes to see YOUR CHURCH at Bethelwoods to experience what it means to be a BFF!

If you have any questions, please feel free to contact Pie Mikell at the presbytery office. Forms and information may be downloaded from the presbytery website- [www.chas-atlpresbytery.org](http://www.chas-atlpresbytery.org)

Charleston Atlantic Presbytery  
Mid-High Committee



# BFF: WHAT DOES IT MEAN?



**MID-HIGH RETREAT**

(Grades 6 - 8)

**FEBRUARY 19 - 21**

**BETHELWOODS**

**COST: \$70**



## **WHAT TO BRING:**

PILLOW AND SHEETS/BLANKET OR SLEEPING BAG  
TOWELS  
TOILETRIES  
FLASHLIGHT  
BIBLE  
APPROPRIATE CLOTHING

## **PLEASE DO NOT BRING:**

CELL PHONES  
PERSONAL GAMES OR LISTENING DEVICES  
LOTS OF MONEY  
SKATEBOARDS, ROLLERBLADES, SCOOTERS  
FLAMMABLE OR ILLEGAL SUBSTANCES

**COST: \$70**

**REGISTRATION DEADLINE: FEBRUARY 2ND**

## **MORE OF WHAT YOU NEED TO KNOW:**

- Retreat sign-in will begin at 9:00pm on Friday. The retreat will conclude by 11:30am on Sunday.
- Directions to Bethelwoods- [www.bethelwoods.org](http://www.bethelwoods.org) or call the presbytery office (843-766-4219)
- There needs to be one adult advisor for every six youth and there must be male and female advisors if male and female youth are participating.
- Adult advisors will serve as small group leaders. There will be an advisors' meeting Friday evening to go over the small group activities. Supplies needed for the small group activities will be provided. The manual will be sent to advisors the week of the retreat. Check your email (if you have it!)
- To register, send to the presbytery office (2421 Ashley River Rd, Charleston, SC 29414):
  - 1.) completed **CHURCH REGISTRATION FORM**
  - 2.) **ONE** check with each registration deadline; made out to *Charleston Atlantic Presbytery*
  - 3.) completed **MINOR CONSENT FORM\*** for each youth participant
  - 4.) completed **ADULT CONSENT FORM\*** for each adult advisor

\*Please include all information and signatures. The consent forms may be brought to the retreat and turned in at the "Sign-in" table.
- Copies of this flyer, the church registration form, and consent forms for minors and adults may be found on the presbytery website- [www.chas-atlpresbytery.org](http://www.chas-atlpresbytery.org)

CHARLESTON ATLANTIC PRESBYTERY MID-HIGH RETREAT  
February 19 – 21, 2010  
Bethelwoods

**BFF: WHAT DOES IT MEAN?**

Church Registration Form

Name of Church: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address of Contact: \_\_\_\_\_

Phone or Email of Contact: \_\_\_\_\_

Please list the youth participants below and return this form with one check for the registration fee to the presbytery office (payable to Charleston Atlantic Presbytery) by the registration deadline. Make additional copies of this form is necessary.

Registration Deadline: **FEBRUARY 2<sup>nd</sup>**

<b>NAMES OF FEMALE YOUTH PARTICIPANTS</b>	<b>GRADE</b>

<b>NAMES OF MALE YOUTH PARTICIPANTS</b>	<b>GRADE</b>

Name of Female Advisor: \_\_\_\_\_

Name of Male Advisor: \_\_\_\_\_

**TOTAL REGISTRATION FEE ENCLOSED: \$** \_\_\_\_\_

Charleston Atlantic Presbytery  
**PARENT/GUARDIAN OF A MINOR CONSENT AND  
HOLD HARMLESS FORM**

Name of Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Church: \_\_\_\_\_

**Medical/Emergency Information**

Child's Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Policy/Group No: \_\_\_\_\_ ID No: \_\_\_\_\_

Does your child have any type of medical, physical, or mental condition that the leaders should be aware of to provide adequate care? If so, please explain:

Condition: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Parent/Guardian Emergency Contact Information: Name: \_\_\_\_\_

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

Alternate Emergency Contact Person in the event that the parents listed above can not be reached:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**(OVER)**

**MINOR CONSENT AND HOLD HARMLESS FORM** continued

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS**

I, \_\_\_\_\_ (printed name of parent/guardian) being the parent or legal guardian of \_\_\_\_\_ (printed name of minor, the "Participant") have been informed of the above activity sponsored by Charleston Atlantic Presbytery and hereby give my consent for my minor child to participate in this activity.

**RELEASE AND WAIVER.** I understand that the activity may involve participation in physical activity, sports and/or vehicular transportation, and that the possibility of harm does exist.

I, personally, and on behalf of the Participant, further agree and do hereby release and forever discharge and hold harmless Charleston Atlantic Presbytery, its officers, directors, employees, volunteer staff, agents and its affiliated churches and organizations (collectively "Charleston Atlantic Presbytery") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which may arise or may hereafter arise from Participant's participation in the activity.

I, understand and agree that this Release discharges Charleston Atlantic Presbytery from any liability or claim that I or Participant may have against Charleston Atlantic Presbytery with respect to bodily injury, personal injury, illness, death, or property damage that may result from the Participant's participation in the activity with Charleston Atlantic Presbytery, whether caused by the negligence of Charleston Atlantic Presbytery, or its officers, directors, employees, volunteer staff, agents or its affiliated churches or organizations or otherwise.

**MEDICAL TREATMENT.** I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all reasonable efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the adult advisor to make the decisions necessary for treatment. Should there be no adult advisor available, I give permission to the attending physician to treat my minor child as she deems medically necessary. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as a parent or legal guardian, I am responsible for the health care expenses incurred on behalf of 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 Charleston Atlantic Presbytery will be used as the secondary coverage, if available, and that such coverage may not be available nor is it relied upon.

**PHOTOGRAPHIC/VIDEO IMAGE RELEASE.** I give my permission for images of my child captured through video, photo and digital camera, to be used solely for the purposes of Charleston Atlantic Presbytery publications and website.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPANT'S COVENANT**

For this time together, we will be doing our best to live together as family in Christian community. Each person contributes to the family and we all need to be responsible for our time together. As a member of this community, I will:

- actively participate in all the programmed activities
- be responsible for my belongs and respect the property of others
- use the facilities and grounds with care, obeying all the rules of the facility
- respect the authority of the adults in our midsts
- not possess or partake in the use of illegal substances, weapons, or pyrotechnics
- wear appropriate clothing

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADULT COVENANT FOR CHURCH AS A SAFE PLACE FOR CHILDREN**

STATEMENT OF PURPOSE: Because we believe that children are a gift of God as demonstrated by Jesus welcoming them; because we believe in the *Vision for Children* adopted by the 205<sup>th</sup> General Assembly; and because we are called, as God’s people to nurture, love, and care for our children, Charleston Atlantic Presbytery has adopted the following covenant to provide a safe place for our children and youth to experience the kingdom of God.

Covenant for Adults Working in Ministry with Children

(Please initial items as they are reviewed.)

- \_\_\_ -Serve as a role model for the children; remembering your actions speak louder than your words
- \_\_\_ -Provide support, encouragement, and spiritual nurture to those around you
- \_\_\_ -Be fully committed to participating in the event; being present and participating at scheduled events; and being on site and aware of your youth’s activities and whereabouts
- \_\_\_ -Attend an orientation/training on *Church As a Safe Place for Children*, which will be arranged by the Nurture Ministry Unit- in the event of a presbytery overnight, the orientation/training will be held as a part of the event
- \_\_\_ -Be endorsed by the church’s Session to serve as an adult advisor/chaperone/mentor for children
- \_\_\_ -For overnight events, I understand that my church needs to provide male and female adults must be present if there are male and female children attending
- \_\_\_ -I understand my church needs to provide one adult for every six children attending (with the exception of *Mentor and Me* which is a one to one ratio)
- \_\_\_ -Attend an orientation/training session as part of the overnight events
- \_\_\_ -Groups are not to leave the event site until the event ends; groups should never be left unattended
- \_\_\_ -Serve as a small group co-leader at events for children and mid-highs and assist the Charleston Atlantic Presbytery Youth Council members in small groups at Senior High events (guidelines and instructions will be provided by the event planning team for small group discussions and activities)
- \_\_\_ -When transportation is provided, assure there will be a minimum of three people in the vehicle- either two adults and a child or one adult and two children
- \_\_\_ -We do not recommend that churches allow youth to drive to presbytery events. Should the church allow youth to drive, upon arrival at the event site, youth are not to have access to their vehicles until the event ends. Keys should be given to their adult advisors.
- \_\_\_ -Be responsible for my own belongings and respect the property of others
- \_\_\_ -Use the facilities and grounds with care, obeying all rules of the facility
- \_\_\_ -Refrain from the possession and use of illegal substances, weapons, and pyrotechnics
- \_\_\_ - Be at least 21 years of age
- \_\_\_ -Wear appropriate clothing
- \_\_\_ -Been approved through my church’s safe place policy to work with children

Embracing the Statement of Purpose, I agree to live by the *Covenant for Working in Ministry with Children* and accept these responsibilities as I serve as an adult advisor/chaperone/mentor/leader of this Charleston Atlantic Presbytery program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Advisor/Chaperone/Mentor/Leader)

**SESSION ENDORSEMENT**

The Session of \_\_\_\_\_ Presbyterian Church endorses \_\_\_\_\_  
(print name of adult advisor) as an adult advisor/chaperone/mentor/leader for our church’s group attending this presbytery event and attest that he/she is willing and able to accept and fulfill this *Covenant for Adults Working in Ministry with Children*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Session Moderator or Clerk or Church Educator)

**ADULT MEDICAL TREATMENT CONSENT AND HOLD HARMLESS FORM**

Name of Activity: \_\_\_\_\_ Date: \_\_\_\_\_

Adult's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female: \_\_\_\_\_

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

Adult's phone number: \_\_\_\_\_ Church: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Policy/Group No: \_\_\_\_\_ ID No: \_\_\_\_\_

Do you have any type of medical, physical, or mental condition that the physicians should be aware of to provide adequate care? If so, please explain: \_\_\_\_\_

Medication: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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I, understand and agree that this Release discharges Charleston Atlantic Presbytery from any liability or claim that I may have against Charleston Atlantic Presbytery with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in the activity with Charleston Atlantic Presbytery, whether caused by the negligence of Charleston Atlantic Presbytery, or its officers, directors, employees, volunteer staff, agents or its affiliated churches or organizations or otherwise.

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Further, I am responsible for my health care expenses 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. Any policy of Charleston Atlantic Presbytery will be used as the secondary coverage, if available, and that such coverage may not be available nor is it relied upon.

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