

We welcome you to Mid-winter Youth Convention! We have essentially the same format as last year, and we are looking forward to some great times of fellowship, music from our Bible Colleges, fun, and most of all, God’s presence! If you have any questions, don’t hesitate to call or text me at 570-406-7254.

Rev. Joel Byer, Youth President

**Registration & Lodging Information**

Rooms are included in the price of registration this year. Simply bring your completed form (on the other side of this page) to our new Treasurer, **Trevor Mills**, and an assistant will give you a room.

**Registration is $60**

**$30 (recommended) for adults**

Photocopy the back as needed

**Church Location:**

All events Friday-Saturday will be at

Trinity Baptist Church

2635 Balltown Rd, Schenectady, NY

(This is about 8 miles north of Schenectady Pilgrim Holiness Church…see picture on flyer. Sunday morning service will be at Schenectady Pilgrim Holiness Church)

*Young people from 12 to 19 years of age are invited to attend the Youth Convention. (Other ages may be granted special exception) EACH YOUNG PERSON WHO ATTENDS MUST BE REGISTERED. Adults are welcome to attend any services.*

**Rules for Youth:**

1. I will participate in the Convention program as planned. I will attend all classes, services, and activities, and will cooperate with my team leaders and other team members.

2. I will show respect to all individuals in authority and to all facilities (church, motel, gymnasium and dining area). I will not leave the Church facility at any time, unless properly excused by the Convention Director, Rev. Joel Byer.

3. I will always show Christian etiquette.

4. I will dress modestly at all times. Girls must wear dresses or skirts of sufficient length to cover the knees, whether sitting or standing; they must not be form-fitting or have slits. Both guys and girls are to have shirts with sleeves. Guys are to wear full-length pants or jeans. Both guys and girls are to practice the principle of simplicity in appearance (I Tim. 2:9; I Pet. 3:3-4)

5. I will retire to my room and will be in bed as instructed.

6. I will use cellphones wisely.

7. I will follow the “hands-off policy” with regard to the opposite sex.

8. I agree that any failure on my part to comply with these rules is just and fit cause for my dismissal from the Convention.

9. **If you or any of your immediate family have fevers or COVID-like symptoms, please be considerate and do not come this year.**

Pilgrim Holiness Youth Camp/Convention **Registration and Health Form**

*(Please Print in black or blue ink) (First) (Last)*

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ Camper Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Phone # (\_\_\_\_\_\_)\_\_\_\_\_--\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_DOB: \_\_\_/\_\_\_/\_\_\_\_\_

Male:\_\_\_ Female:\_\_\_\_ Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pastor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact Phone # (\_\_\_\_\_\_) \_\_\_\_\_\_--\_\_\_\_\_\_\_

Does the camper have any allergies, chronic illness, or medical conditions? If yes, please describe (write on separate piece of paper if more space is needed). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the camper prescribed medications or an inhaler? If yes, please list and explain any instructions. (write on back of paper if more space is needed). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand, and give consent, to subject the named camper to a health screening upon arriving that will consist of getting a temperature taken and answering a brief health questionnaire to insure campers and staff do not have symptoms of COVID-19 or knowingly been in contact with someone who has been diagnosed with COVID-19 in the previous 14 days.

SIGNATURES FOR CONSENT & RELEASE

This health history is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me.

I hereby give permission for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend Youth Camp or Convention. In case of minor illness or injuries to my child, I hereby give permission to the EMT/Nurse to provide care and treatment. In case of a medical emergency, I understand every effort will be made to contact me. If I can't be reached, I hereby give permission to the physician or hospital, selected by the Youth Director, to order X-rays, routine test and treatment for the health of my child, to hospitalize my child, to order injections, and/or anesthesia, and/or surgery for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO.

I do for myself, and my child, heirs, and assigns, hereby irrevocably and unconditionally release and acquit and forever discharge Pilgrim Holiness Church of NY, Inc. and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or may arise in the future, in connection with my child's participation in the activities of the camp or convention, or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death.

I also consent and give permission for the use of photographs and video clips of my child taken while at camp to be used in the promotion of Pilgrim Holiness Church of NY, Inc.

I also understand and agree that my child may be sent home at the discretion of the camp youth director or camp nurse.

I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of NY, and that if position hereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto.

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.

I understand this is a legally binding agreement. I have read the Rules for Youth, and I will abide by them completely.

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**Parent's or Guardian's Signature Date**

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**Youth's Signature Date**

For more info call Rev. Joel Byer at (570)-406-7254 or Email [joelbyer@gmail.com](mailto:joelbyer@gmail.com)