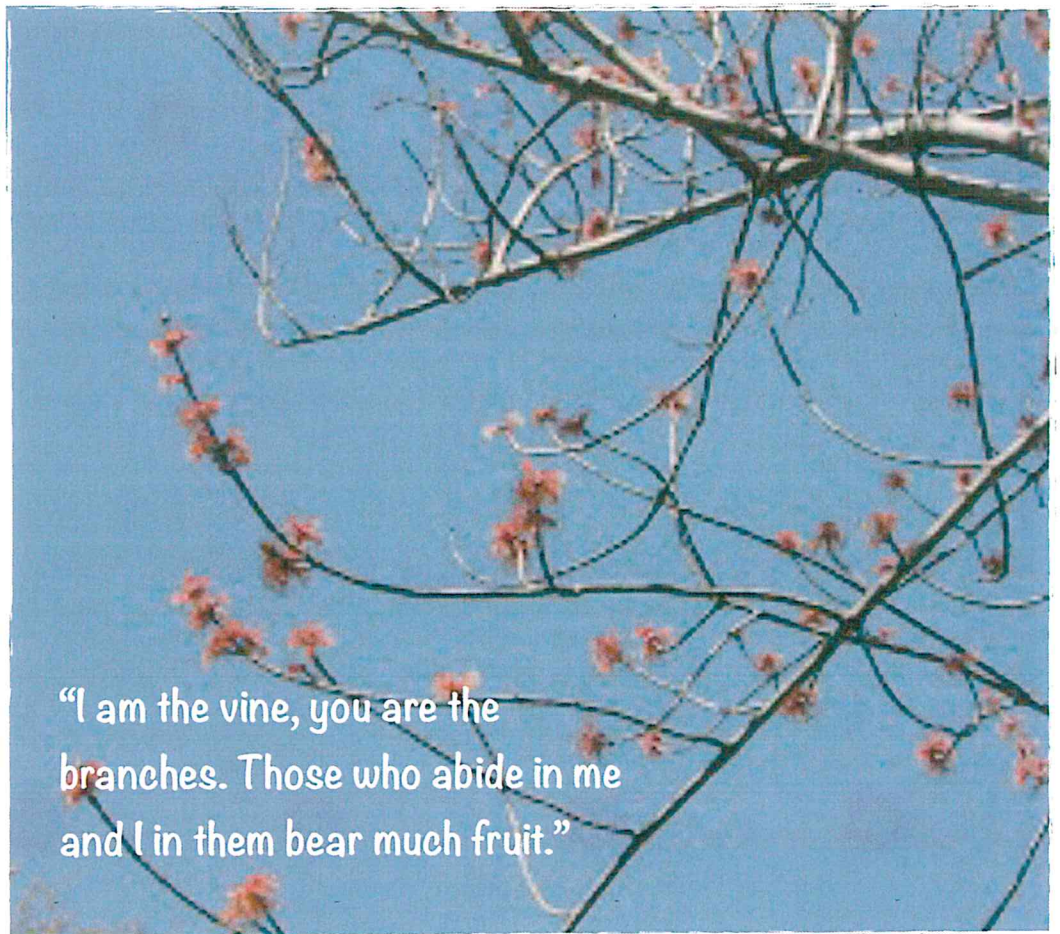


APRIL
20-22



"I am the vine, you are the
branches. Those who abide in me
and I in them bear much fruit."

YOUTHFEST 2018

NEW THIS YEAR!

- Photo scavenger hunt with your phone!
- Multiple "TED Talks" instead of one keynote speaker!
- Theme and curriculum ideas developed by your peers!
- Serve Camp Lutherlyn with an exciting service project!
- Support Camp Lutherlyn with your in-kind offering!

What is YouthFest?

YouthFest is the SWPA & NWPASynods' Junior High and Senior High Youth Retreat! It is a great weekend away at Lutherlyn to play, worship, learn, grow, and "get away from it all" with other youth and adult leaders.

Theme: Belonging In Christ: Branch Out and Discover Your Connections

Jesus is the vine that connects us to God and to each other. We all want to know that we belong somewhere. This weekend is a place you belong, and here, we belong to each other. Listen to the stories and wisdom of folks who have experienced that sense of belonging for themselves.

How Do I Register?

You can register as a church group (youth with adult leaders) or as an individual. Get the registration letter and registration forms from www.lutherlyn.com or www.swpasynod.org.

Tentative Schedule:

Friday

6:00-7:00pm	Registration
7:00-8:00pm	Adult Mtg./Small group leader Mtg. Youth Get-to-Know-You activities
8:00-9:00pm	Large Group Gathering
9:00-10:00pm	Small Groups
10:00-10:30pm	Snack
10:30-11:15pm	Youth Group time & Evening Devotions
11:30pm	Lights Out!

Saturday

8:15-9:00am	Breakfast
9:15-10:00am	Large Group Gathering
10:00-12:00pm	Small Groups/Service Project
12:15-1:00pm	Lunch
1:15-2:00pm	Sign-Up Activities
2:15-3:00pm	Large Group Gathering
3:00-5:00pm	Recreation/Free Time/Camp Activities
5:00-5:45pm	Dinner
6:00-7:00pm	Evening Activity
7:00-8:00pm	Small Groups
8:30-10:00pm	Campfire & recreation
10:15-11:00pm	Youth Group Time & Evening Devotions
11:30pm	Lights Out!

Sunday

8:15-9:00am	Breakfast
9:15-10:00am	Now What?
10:15-11:30	Worship with Holy Communion
Noon	Go in Peace!

Questions?

Contact Lutherlyn at
724-865-2161 or
deb@lutherlyn.com.

YOUTHFEST 2018

How to register:

Read through ALL of the enclosed material before filling out any forms.

- Copy enclosed forms or locate registration forms at **www.lutherlyn.com**.
- Print front and back of registration forms for each participant.
 - To help the organization of the forms, please print the youth forms on white paper, and the adult forms on any other color.
- Check completed forms for accuracy. (Use the "YOUTHFEST REGISTRATION CHECKLIST" to assist you.)
- Registration \$130/person
- **Registration must be received no later than April 6th, 2018.**
- You will receive a confirmation letter with more details after your registration is received.
- Mail the registration forms and **ONE** check payable to "Lutherlyn" to:

Youthfest c/o Lutherlyn
P.O. Box 355
Prospect, PA 16052

Eligibility:

- ***Youth in 6th through 12th grades. (JR. High & Sr. High)***
- Parish Unit Leader **must** be at least 21 years old.

Parish Unit:

- A parish unit is no more than 10 youth of the same gender and one adult leader of that gender.
- Your congregation is encouraged to have multiple Parish Units.
- Youth participants should register through a Parish Unit Leader. ***If your congregation does not have a parish unit leader for your group, please contact Lutherlyn to register an individual participant. We do not want any youth to be turned away or unable to attend because they do not have an adult chaperone.***

Cancellation Policy:

- The entire cost is refundable until April 6th
- Same gender substitution may occur through April 6th.
- There will be **NO REFUNDS** issued if cancellation occurs **after April 6th**.

ATTENTION:

Please make sure all forms are filled out completely and all signatures are included.

The registration deadline is April 6th, 2018.

Any registrations received after April 6th will be accepted as space/food/supplies allow.

For additional information about Youthfest please contact:

Lutherlyn
724-865-2161
deb@lutherlyn.com

YOUTHFEST REGISTRATION CHECKLIST

Did you:

- ☐ **Read all the information carefully.**
- ☐ **Print Guidelines and registration forms for everyone in your Parish Unit.**
- ☐ **Collect the completed forms and payment made out to the church.**
- ☐ **Review all of the forms for complete information and signatures.**
- ☐ **Include one check covering all participants made payable to "Lutherlyn".**
- ☐ **Mail completed registration package to:**

**Youthfest
c/o Lutherlyn
P.O. Box 355
Prospect, PA 16052**

YOUTHFEST ~ April 20-22, 2018
YOUTH PARTICIPANT REGISTRATION FORM - Please print

Name: _____

Address: _____ City/State/Zip Code: _____

Age: _____ Grade: _____ Gender: _____

The cost of YouthFest is \$130. Checks are to be made payable to your church.

Home Phone: _____ Email: _____

Once your registration is received, an e-mail confirmation will be sent with details for the weekend.

Name of Congregation: _____

Congregation Town: _____

Include payment to your congregation so that all the registration fees from your congregation can be consolidated into a single check.

Commitment and Signatures:

I understand completely the Guidelines of Youthfest as printed on the back of this registration form, and I agree to participate fully and commit myself to the total program and community life. I further consent to posting photographs of Youthfest, in which I may be included, on the website and in promotional material.

Youth Participant's Signature: _____

I hereby certify this person (a minor) may participate in Youthfest:

Parent or Guardian Signature: _____

MEDICAL AUTHORIZATION FOR TREATMENT OF MINORS - (Information will be kept confidential)

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. I hereby give permission to share the information on this health form with medical personnel providing treatment for me/my child. When it is in my/my child's best interest, I hereby give permission for those providing treatment to release information regarding the diagnosis, treatment, test results and other information to Lutherlyn.

Youth's Name: _____ Parent(s) name(s): _____

Address: _____

Parent's Home Phone: _____ Emergency contact name: _____

Parent's Cell Phone: _____ Emergency contact phone: _____

Insurance Carrier: _____ Prior Authorization Required: Yes No

Policy Number: _____ ☐ Participant has no Medical Insurance

All medications must be given to the nurse upon arrival at Youthfest.

List any allergies, food sensitivities, or any significant health problems that the nurse or food service staff should be aware (i.e. food allergies, asthma, diabetes, etc.) and any medications youth takes and times when taken:

Signature of Parent or Guardian: _____ Date: _____

GUIDELINES FOR YOUTH AND ADULTS

1. Participants in Youthfest are a Christian Community. The behavior of all is expected to reflect Christian values. The rights of others are to be respected at all times.
2. All participants are GUESTS of Lutherlyn, a privilege resulting in mutual respect of each other and care of property and possessions. Individuals are responsible for any damage to Lutherlyn property and/or facilities.
3. All cars shall be moved to the main parking lot after unloading.
4. No swimming.
5. **SMOKING, USE OF TOBACCO PRODUCTS, ALCOHOL, OR ANY OTHER DRUGS WILL NOT BE TOLERATED.** This also includes adult participants.
6. Please advise Parish Unit Leader of any prescribed medications. These medications must be given to the nurse upon arrival at Lutherlyn. Participant is responsible for reporting to the nurse's cabin to receive medication.
7. No fireworks, firearms, knives or any kind of weapons are permitted.
8. Males and females will be housed in separate cabins. Cabins or areas that house members of the opposite sex are **OFF LIMITS unless given permission and supervised by the parish unit leader.**
9. **Participants should dress appropriately for a Christian weekend, the following items are not permitted: see-through clothing of any type, halter or backless tops, clothing with spaghetti straps, t-shirts with tobacco, alcohol, or offensive images/language. Undergarments of any type must not be visible.**
10. I-Pods, MP3 players, CD players, etc. are only permitted in cabins and may not be used after lights out.
11. All youth and adults must attend and participate in ALL activities.
12. All injuries and illnesses must be reported immediately to the nurse; both for your safety and insurance purposes.
13. Youthfest will not be responsible for any lost, stolen, or damaged personal articles.
14. Due to safety, ecology, and property concerns, the use of shaving cream (except for actually shaving), silly string, water balloons etc. is strictly forbidden.
15. **Participants at Youthfest are subject to the rules and laws of society. Individuals are liable for their own actions. The Youthfest staff reserves the right to dismiss any who fail to abide by the rules of conduct. Parents will be contacted and those breaking the rules will be sent home.**
16. **Cancellation Policy:**
The entire cost is refundable until April 6th.
Same gender substitution may occur through April 6th.
There will be **NO REFUNDS** issued if cancellation occurs **after April 6th.**
17. **The registration deadline is Friday, April 6th. It is necessary to enforce this deadline for planning purposes. Any registrations after April 6th will be accepted as space/food/supplies allow.**

YOUTHFEST ~ April 20-22, 2018
PARISH UNIT LEADER REGISTRATION FORM - Please print

Name: _____

Address: _____ City/State/Zip Code: _____

Birthdate: _____ Gender: _____

The cost of YouthFest is \$130. Checks are to be made payable to your church.

Cell. Phone: _____ Email: _____
When your registration is received, an e-mail confirmation will be sent with details for the weekend.

Name of Congregation: _____

Congregation Town: _____

Would you consider being a Small Group Leader? Yes _____ No _____

Would you consider hosting youth from a congregation that does not have a Parish Unit Leader? Yes _____ No _____

Include payment to your congregation so that all the registration fees from your congregation can be consolidated into a single check.

Commitment and Signatures:

I understand completely the Guidelines of Youthfest as printed on the back of this registration form, and I agree to participate fully and commit myself to the total program and community life. I further consent to enforce the guidelines of the event with the youth for which I am responsible. I further consent to posting photographs of Youthfest, in which I may be included, on the website and in promotional material.

Participant's Signature: _____

All adult lay volunteers must have their called rostered minister sign off that they meet current legal standards to work with young people (including background checks on file at the church) and the rostered minister feels there are no areas of concern for working with young people to the rostered minister knowledge. In the event that there is no called staff person, the Council President/ Vice President or the staff person who has oversight of youth ministry may validate the volunteer's ability to work with youth using the same criteria.

All Rostered Ministers, must have the Synod Bishop or his/her designated representative validate that the rostered leader meets current legal standards to work with young people, and that the bishop feels there are no areas of concern for working with young people to the bishop's knowledge.

Pastor/Congregation Officer Signature: _____

MEDICAL AUTHORIZATION FOR TREATMENT (Information will be kept confidential)

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests and treatment for me/my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or anesthesia and/or surgery for me/my child as named above. I hereby give permission to share the information on this health form with medical personnel providing treatment for me/my child. When it is in my/my child's best interest, I hereby give permission for those providing treatment to release information regarding the diagnosis, treatment, test results and other information to Lutheran.

Name: _____ Date: _____

Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Insurance Carrier: _____ Prior Authorization Required: Yes No

Policy Number: _____ ☐ Participant has no Medical Insurance

Please advise of food allergies, medications or conditions that may impact emergency care or dietary needs:

Signature: _____

GUIDELINES FOR YOUTH AND ADULTS

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2. All participants are GUESTS of Lutherlyn, a privilege resulting in mutual respect of each other and care of property and possessions. Individuals are responsible for any damage to Lutherlyn property and/or facilities.
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