

PYE 2017: Humble Yourself

A Service Learning Opportunity for
Province IV Middle and High School Students



Humble yourself under God's mighty hand, that God may lift you up in due time. 1 Peter 5:6

WHAT? Province IV has a great history and tradition of assisting its own when disaster strikes. This year we will assist with the continued clean up and aftermath from Hurricane Matthew in Lumberton, NC. During our three days together we will immerse ourselves in the rich culture of the Lumbee Indians who call Robeson, Hoke, Cumberland and Scotland Counties in NC their home. Our work will consist of repair to homes and communities that were flooded during and following Hurricane Matthew as well as nurturing relationships we make along the way.

WHEN? July 25-28, 2017. Registration will begin at 3:00 p.m. Please plan to arrive no later than 5:00 p.m. Friday, July 28, will be a "travel day" so you may make your airline reservations or travel plans accordingly. Please remember that the Fayetteville, NC Airport (FAY) is approximately 40 minutes from Lumberton, NC

WHO? Middle and High school students (those who will complete 6 through 12 grade at the end of the 2017 school year) and the adults who accompany these young people on their journey of faith.

COST? \$150 per person (includes meals during the event, lodging, activities and supplies). If your group is driving, we may ask your group to bring tools or coolers). Please make the check payable to PROVINCE IV YOUTH MINISTRIES. Limited scholarship money is available, if there is financial hardship, please email Cookie Cantwell at Cookie@stjamesp.org

This event is partially funded by Province IV.

REGISTRATION INFORMATION? Registrations will be accepted through your individual Diocese. Please contact your Diocesan Youth coordinator in order to register. If you find that your Diocese is not coordinating a group to this event, please contact Amy Campbell in order to register. In addition, some participants may be coming from Lift Every Voice. Transportation from Lift Every Voice to PYE will be arranged through the Diocese of NC. If you will be coming to PYE from Lift Every Voice, please make sure to indicate that on your registration form.

Registration Deadline: March 17, 2016

After this date, registration will be based on any remaining available space. Send all forms and checks together as a Diocese (checks made out to Province IV Youth Ministries to):

PYE 2017

c/o: Amy Campbell
3508 Langdale Drive
High Point, NC 27265

WHERE? Lumberton, NC

TRANSPORTATION:

* Driving? Please let us know in advance and try to conserve resources by traveling in groups.
* Flying? Please arrive at the Fayetteville, NC (FAY) AIRPORT no later than 4:00 pm on Tuesday, July 25, 2017 so you will have a pleasant and relaxed drive. We are asking each diocese to rent a car or to partner with another diocese for ground transportation. If you need assistance in reaching Lumberton, NC from the airport, please contact Amy Campbell (336-410-1039 as soon as possible). Please note that it takes approximately 40 minutes to drive to Lumberton, NC from the airport.

The behavior of each youth and adult from your group is the responsibility of the adults who accompany the group to this experience. Please make sure each youth and adult reads the Community Covenant, understands what it says and signs the agreement to live by this Community Covenant. Each adult must have taken the Safeguarding God's Children Training in the Diocese. A letter will be sent to confirm your registration with further information about PYE and a list of "What to Bring." For more information or questions please feel free to contact:

PYE Coordinator:

Amy Campbell, Diocese of North Carolina (336-410-1039) or amy.campbell@episcodionc.org

Province IV Youth Ministries Coordinator:

Cookie Cantwell 910-763-1628 or cookie@stjamessp.org

COMMUNITY COVENANT – PYE 2017

NON-NEGOTIABLES

1. No use or possession of alcohol, illegal drugs or tobacco products.
2. No touching or exposure of breast, buttocks, or genitalia.

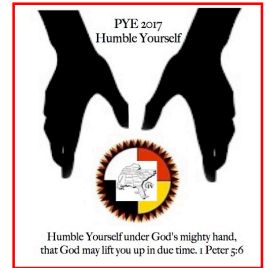
If a participant chooses to violate these standards they could be removed from the community

EXPECTATIONS

1. Quiet time is between 11 p.m. and 7 a.m.
2. All participants must be in their own sleeping area between 11:00 pm & 6 a.m.
3. In order to respect and protect the privacy and personal space of all, no one will enter the living space of another person's room without invitation from those living in that room. One adult and one young person will not occupy "private" space at any time.
4. During the time from the ending of our meeting and 11:00 pm, if you are not in your own sleeping space, you will be in the designated area and an adult will be present. When leaving the conference center, an adult must accompany all youth.
5. Be on time and present at all meetings, organized activities and meals. Let your Diocesan Youth Coordinator know if you will be late.
6. We agree to follow all set rules of the facility where we are meeting and gather only in those areas designated for our use.
7. If there is only one youth representative representing a diocese, the Provincial Youth Coordinator or designated adult will act as a sponsor for that youth.
8. Have grace at each meal.
9. Begin each morning session with a meditation and celebrate the Holy Eucharist at least once while we are together.
10. As a community we will pray for each other daily and share prayer requests.
11. During the meetings: one person speaks at time using "I" statements; if you want to share information of a confidential nature, tell the group before sharing. Try to be direct and specific in statements; Speak for yourself and not for the group or others; Be honest and open with ideas and feelings; When you speak, speak so all may hear. Be responsible for your own needs, actions, and thoughts. Meals are not optional.

HUMBLE YOURSELF: PYE 2017 Registration Form

(REGISTRATION DEADLINE: March 17, 2017)



(circle one) YOUTH ADULT

Name _____ Grade _____

Address _____

City _____ State _____ Zip _____

Gender _____ Cell Phone _____ Email _____

Transportation: _____ Driving
_____ I will be coming to PYE from Lift Every Voice
_____ Flying: Arrival Airport _____
Airline _____ Flight # _____
Arrival Time _____ Departure Time _____
& Renting a Car _____ or Driving with the Diocese of _____

NEXT OF KIN / EMERGENCY CONTACT:

Name _____ Relationship to you _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

REGISTRATION FEES: The cost of the event is \$150.00, make checks payable to "Province IV Youth Ministries" and mail it, along with the registration form and the Medical Release Form, to
*Amy Campbell * 3508 Langdale Drive * High Point, NC 27265*

COMMUNITY COVENANT

I, _____ (print name) agree to live by the Community Norms that will be established by the 2016 Province IV Youth Ministries Meeting. I have reviewed the norms from the 2017 Network Meeting and understand that the 2016 norms will be similar. The norms that WILL NOT CHANGE, however, will be the non-negotiable norms of no use of alcohol, illegal drugs, or tobacco products and no inappropriate sexual behavior. If I choose to break these non-negotiable norms, I agree to be sent home at the expense of my parents / guardians or my diocese.

Signature _____ Date _____

Signature _____ Date _____

(If Youth ... Parent / Guardian)

PROVINCE IV Youth Ministries / MEDICAL RELEASE FORM

Name _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Diocese _____ Date of Birth _____

HEALTH HISTORY

Date of last Tetanus Booster _____

Please list any current medications, pertinent medical conditions, allergies, physical limitations, dietary or health requirements, etc.

INSURANCE INFORMATION

Name of Medical Insurance Company _____

Name of Insured _____

Policy Number _____ Phone number _____
(for authorization)

RELEASE FOR MEDICAL TREATMENT

_____, my daughter / son has my permission to participate in this Province IV Meeting. If I cannot be reached by telephone in case of emergency, I authorize such medical treatment as necessary and such additional procedures as are considered necessary during the course of medical examination. I hereby certify that I have read and fully understand the above authorization for medical treatment. I also certify that no guarantee or assurance has been made as to the results that may be obtained.

Participant's Signature _____ Date _____

Parent / Guardian Signature _____ Date _____

Parent/Guardian Phone _____ (day) _____ (evening)

Parent/Guardian Cell Phone _____

Other emergency contact name _____

Emergency contact's phone number _____

Province IV Youth Ministries / Consent and Liability Release Form

| | | | |
|---|-----------|------------------|--------------|
| PARTICIPANT'S NAME _____ | | HOME PHONE _____ | |
| ADDRESS _____ | | | |
| GRADE _____ | AGE _____ | BIRTHDATE _____ | Gender _____ |
| PARENT(S)/GUARDIAN NAME(S) _____ | | | |
| WORK PHONE(S)/CELL PHONE(S) _____ / _____ | | | |

TO WHOM IT MAY CONCERN:

The undersigned do(es) hereby give permission for our (my) child(ren):

_____ ("Participant"), to attend and participate in YOUTH MINISTRY EVENTS sponsored by The Province of Sewanee (Province IV) in 2016-17

LIABILITY RELEASE: In consideration of The Province of Sewanee (Province IV) allowing the Participant to participate in youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless Province IV, its employees, volunteers and agents from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth activities. We (I) the parent (s) or legal guardian (s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities.

Furthermore, we (I) [and on behalf of our (my) Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Province to furnish necessary transportation, food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Province for any liability sustained by said Province as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

Medical Treatment Permission: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the afore mentioned youth pursuant to this authorization.

Furthermore, we (I) give permission for an adult supervisor to administer any over-the-counter medication, as specified on the Participant's medical form, my child may need during this event.

Early Return Home Policy: Should it be necessary for our (my) youth to return home due to medical reason, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Photo Release Permission: The undersigned understands that promotional pictures (individual and group) have been / will be taken during these events. I give permission for my child's picture to be used for promotional materials (newsletter, web page, promotional signs, etc.) in highlighting the event. **NAMES WILL NOT BE USED.**

Transportation Permission: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by and approved ADULT chaperones while attending and participating in activities sponsored by Province IV. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

We (I) the undersigned also, acknowledge that I have reviewed details regarding the event our (my) child is participating in.

Parent(s)/ Guardian(s) Signature(s) _____ / _____

Date _____