



Against the Flow

Romans 12:2



Music by
our Bible
Colleges!

Mid-Winter Youth Convention

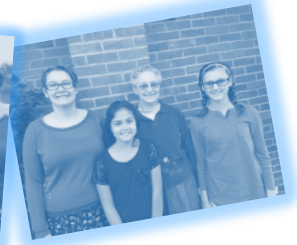


Nathan Becker
Pineview Community Church, Albany NY

January 12-14

Registration Coupon
Load your van up!! Any church bringing 10 or more young people to Convention will receive a 10% Discount on the total cost of registration!

\$55 Pre-Registration
(up to a week before)
You may register online at our Conference Youth Page www.pilgrimholinesschurch.org



Information

We welcome you to Mid-winter Youth Convention! Every mid-January, our denomination holds a weekend convention just for young people. This year, the speaker is Rev. Nathan Becker, 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 Information

Youth convention is intended to be a special time of friendship, spiritual growth, and worship for young people ages 12-19. Registration cost is \$55 per person, by January 5, and \$60 at the door. **There is a recommended \$30 per adult.** These fees include meals and lodging. Send your complete registration form, and the accompanying payment, to:

Rev. Jason Morford, Registrar
4172 St. John Dr.
Syracuse, NY 13215

Church Locations

Friday & Saturday @ Pineview Community Church
251 Washington Ave Ext Albany, NY
12205

Sunday @ Schenectady Pilgrim Holiness Church
2105 Curry Rd, Schenectady, NY
12303

Lodging

All non-local adults and youth stay at the Econolodge @ 1630 Central Ave
Albany, NY 12205

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 Pineview Community 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 not bring portable music players to the Convention, and I will use cell phones 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.

Youth Convention Schedule

Friday, January 12

4:30 to 6:30 pm Registration and Room Assignments
6:30 pm Singspiration
7:00 pm Opening Service
Afterglow following evening service

Saturday, January 13

7:00 am Rise and Shine
8:00 am Breakfast
9:30 am Devotions
10:00 am Morning Service
Youth Committee meets during this time
12:00 pm Lunch
1:00 pm Activities
4:30 pm Dinner
6:30 pm Singspiration
7:00 pm Evening Service
Team Talent Night after service!

Sunday, January 14

7:00 am Rise and Shine
8:00 am Breakfast
10:00 am Singspiration/Morning Service
12:00 pm Sunday Dinner

Pilgrim Holiness Youth Camp/Convention

Registration and Health Form (fill out back of page as well)

(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 # (_____) _____ -- _____

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 ACTIVITIES, 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

FILL OUT NEXT PAGE OF THIS FORM → →

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

_____/_____/_____
Parent's or Guardian's Signature Date

_____/_____/_____
Youth's Signature Date

For more info call Rev. Joel Byer at (570)-836-2090 or Email PHYregistrar@yahoo.com

Medications/Health History

All medications must be in a correctly labeled original container and given to the nurse at check-in time. NO MEDICATIONS (PRESCRIPTION OR OVER-THE-COUNTER) WILL BE ALLOWED IN THE CABIN UNLESS AUTHORIZED BY THE NURSE.

Please Include an Official up to date copy of your child's immunization records for our files.

Name of Medication _____ Qty(dose) _____ Times Per day _____

Purpose of Medication _____

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Are there any over-the-counter, non-prescription medications or ointments that can be given to your child for-- Minor aches and Pains: ___ Tylenol ___ Advil ___ Ibuprofen Other _____

Allergies: ___ Benadryl _____ Other _____

Health History:

___ Frequent Ear infections

___ Heart Defect/Disease
___ Diabetes

___ Convulsions

___ Epilepsy

___ Bleeding/Clotting Disorders

Allergies
Allergic Reactions

___ Hay Fever

___ Poison Ivy, etc.

___ Insect Stings

___ Penicillin

___ Other Drugs

___ Peanuts

Other Foods

Other _____

Diseases:

___ Chicken Pox

___ German Measles

___ Asthma

___ Measles

Other _____

___ Mumps