



Rev. Brian Spangler
Special speaker

Pilgrim Holiness

Mid-Winter

Youth

Convention

Music by
our Bible
Colleges!

New Location!
2635 Balltown Rd, Schenectady, NY
**\$20 Registration (bring it
to Youth Convention!)**

New Date!

February 19-20

No Sunday events



We welcome you to Mid-winter Youth Convention! We have a new format, and because of various COVID restrictions, things have changed a bit this year, but 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

This year, lodging will not be provided, however, you can still reserve your own room at:

Econolodge @ 1630 Central Ave

Albany, NY 12205

(Mention NY Pilgrims, and the cost is \$55)

Bring your registration form with you and present it to **Rev. Jason Morford**, Registrar

Church Location:

All events will be at

Trinity Baptist Church

2635 Balltown Rd, Schenectady, NY

(This is about 8 miles north of Schenectady Pilgrim Holiness Church...see picture below)



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 (1 Tim. 2:9; 1 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.**

Youth Convention Schedule

Friday, February 19

4:00 pm Registration
6:30 pm Singspiration
7:00 pm Opening Service
Pizza & afterglow following evening service

Saturday, February 20

9:00 am Breakfast
9:30am Singspiration
Youth Committee meets during this time
12:00 pm Lunch
1:00 pm Activities
4:30 pm Dinner
6:00 pm Singspiration
6:30 pm Evening Service
Snack, clean-up, and we go home after evening service! 😊



Pilgrim Holiness Youth Camp/Convention

Registration and Health Form (fill out back of page as well & feel free to copy!)

(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 ACT. Sign on next page...

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 _____

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

Purpose of Medication _____

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

Purpose of Medication _____

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
_____ Convulsions
_____ Bleeding/Clotting Disorders
_____ Heart Defect/Disease
_____ Diabetes
_____ Epilepsy

Allergies
Allergic Reactions

_____ Hay Fever
_____ Insect Stings
_____ Other Drugs
Other Foods
_____ Poison Ivy, etc.
_____ Penicillin
_____ Peanuts
Other _____

Diseases:

_____ Chicken Pox

_____ Asthma

Other _____

_____ German Measles

_____ Measles

_____ Mumps