

*Seashore District
Confirmation Retreat
January 24-26, 2020
5th Grade - 8th Grade*



**Jesus says I am the way,
the truth, and the life!
John 14:6**



*132 Chalmers Drive
Biloxi, MS 39530
Office: 228-436-6767
Fax: 228-436-6769*

Keynote Speakers:
*Rev. Kordell Sims
Rev. Denondrea Sims
Co-Pastors
St. Paul UMC, Biloxi
Mount Pleasant UMC, Gulfport*



*East Mississippi Community College
Wesley Foundation Praise Team
Will be leading Praise and Worship*



Praise Team

WORKSHOPS

“Having a 4-Bar Connection with Jesus”

Worship and Communion –
Rev. Lisa Pridmore

“How to get your Life Pass with Jesus”

Scripture and Church – Rev. Treavor Gore

“How to get your Life Skin with Jesus”

Grace & Baptism – Rev. Eugene Boger

“Celebrating Life in Jesus”

Creating Your Stole – Rev. Kathy Butler

SCHEDULE

Friday

5:00-6:00 pm Registration

6:00-6:45 pm Supper

7:00 -9:30 pm Worship & Mission Project

9:30 pm Church Group Discussion Time

11:00 pm Lights Out

Saturday

8:00-8:45 am Breakfast

9:00 – 9:55 am Morning Devotion

10:00 – 10:55 am Workshop #1

11:00 – 11:55 am Workshop #2

12:00 – 12:45 pm Lunch

1:00 – 1:55 pm Workshop #3

2:00 – 2:55 pm Workshop #4

3:00 – 3:25 pm Snack Break

3:30 – 5:30 pm Planned Group Activities

5:30 – 5:55 pm Break & Clean-up for Dinner

6:00 – 6:45 pm Dinner

7:00 – 8:30 pm Worship

8:30-10:30 pm Late Night Group Activity

10:30 pm Church Group Discussion Time

11:00 pm Lights Out

Sunday

7:30 – 8:15 am Breakfast

8:30 - 9:30 am Worship

10:00 am Depart for Home

Individual Registration Form

Name: _____
 Address: _____

 Church: _____
 District: _____
 Pastor: _____

**Registration Deadline January 13, 2020:
 \$125.00/person**

Checks should be made payable to:

**Seashore United Methodist Assembly
132 Chalmers Drive
Biloxi, MS 39530**

Adult or Youth: _____
 Gender: _____
 Youth Age: _____
 Youth Grade: _____

T-Shirt Size: (Circle One):

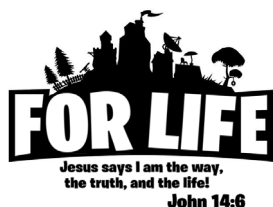
Youth:

Small Medium Large

Adult:

Small Medium Large X- Large 2XL

Each Participate should bring: Bible, notebook, pencil, Bedding for single bed, including pillow and covering (Sleeping bags work well) Soap, Shampoo, towels, bath cloths, etc.



Health and Permission Form

The purpose of the health form is to have a brief medical history of each participant on hand should any emergency arise. Parents will be contacted in the event of an emergency. You must have a signed health form upon your arrival in order to attend.

ALL MEDICATIONS, INCLUDING OVER THE COUNTER AND TOPICAL CREAMS, MUST BE BROUGHT IN A ZIP-LOCK BAG AND DISCLOSED TO THE CAMP DIRECTORS UPON ARRIVAL. ALL MEDICATIONS WILL BE KEPT IN THE OFFICE AND ADMINISTERED BY A DESIGNATED EMPLOYEE.

Name of Youth (please print): _____

1) Are all immunizations current? _____
 Tetanus? _____

2) Are you allergic to any medications? _____
 If yes, which ones? _____

3) Are you severely allergic to insect bites or poison oak/ivy? _____

4) Have you had any recent surgery? _____
 If yes, what kind and when? _____

5) Do you have any physical condition, which would prevent full participation in all activities?

 If yes, what? _____

6) Are you diabetic? _____

7) Do you have asthma? _____

8) Are you under a doctor's orders to take medication? YES ___ NO ___

If yes, please list all prescription drugs you need to bring with you to camp:

9) Is there anything else we need to know about your physical condition?

10) ***** List any food allergies: ***** (This is not a list of dislikes!!)

Permission for Picture/Video

As parent/guardian, I, _____ hereby authorize SUMA and the United Methodist Mississippi Conference to take pictures and video for ministry websites and newsletters only. No child's name shall be posted. No pictures/videos or information shall be sold.

Indemnity Agreement

I, the undersigned, give (Youth) _____ permission to attend this Conference Youth Event. I also give the event staff permission to authorize emergency surgery on the participant named above if the participant is in serious danger and the parents cannot be reached. The undersigned hereby agree to indemnify and hold harmless the Mississippi Conference of the United Methodist Church and Seashore United Methodist Assembly, its Board of Trustees, its officers, employees and staff, (camping facility) from any liability as a result of either intentional acts or negligence, or failures to act on the part of any of the above named entities or persons as a result of the use of _____ the _____ premises while _____ (participant name) is participating in any activities while camping.

Parent/Guardian
 Signature _____

Parent/Guardian
 Printed Name _____

Phone numbers where parent/guardian may be reached: _____
