

AYR, March 8-10  
Grades 9-12



Hello,

Thank you for allowing your youth to join us at the Avalon Youth Retreat at The Wilds Resort at 299 Salmonier Line, Holyrood NL.

We acknowledge that this sort of travel of your young people is a significant endeavour, and take all necessary precautions to ensure your youth have a fulfilling and safe experience.

The following documents will need to be signed by parents/guardians of any youth who are under 18 years of age. Please ensure these are signed and returned to the church office prior to your youth departing for the trip.

Blessings,

Pastor Crystal

## Important Information

Activity: Avalon Youth Retreat at The Wilds Resort at 299 Salmonier Line, Holyrood NL

Date of Activity: 6:30 PM on Friday, March 8 - 11:30 AM on Sunday, March 10, 2024 for Grades 9-12. (Students in grades 6-8 are invited to attend a one night retreat on April 5-6)

Details of the Activity: On Friday, March 8 your young people may be dropped off at The Wilds Resort at no earlier than 6:30 PM (Access to the hotel will be unavailable as doors will be locked until that time).

Events of the weekend will include services geared toward youth, including worship and the word, games, workshops and opportunities to get to know other Christian youth from around the Avalon Area. This event is taking place at The Wilds Resort and will include a variety of indoor and outdoor activities (weather permitting).

Registration cost for this event is **\$135 per student**. Registration cost includes meals and accommodations, and all activities for the weekend.

If your student would like transportation to this event via a **bus** to and from Bethesda, cost is an additional **\$40 per student**.

Students will be accompanied by chaperones and Pastor Crystal who will be there to see to any urgent needs.

Students will not be permitted to attend this event if they do not have the attached registration form and payment submitted by the **registration deadline: February 7**.

**AYR, March 8-10**  
**Grades 9-12**



Parents, please discuss with your students the various risks involved in an outing like this. Students are required to follow the rules of the leadership team and engage in appropriate activities. Failure to comply may mean we will be calling you to pick up your student early.

If your student isn't able to pay the full registration cost, please contact Pastor Crystal to discuss options that will allow your student to attend.

**What to Bring:**

- Enough Clothing for 3 days
- Outerwear for various weather conditions (ie: Snow pants/hats/etc. Some outdoor activities will be planned)
- Toiletries (shampoo, toothbrush, soap/body-wash, deodorant, etc)
- Phone charger
- Bible & Journal
- Youth Missions Offering Money
- Money to buy a Retreat T-shirt if desired

**What not to Bring:**

Please note that vapes, illegal substances for minors, weapons, and similarly inappropriate material for this age group is strictly prohibited. Students discovered with any of the above will be asked to return home immediately at the expense and inconvenience of their family.

Additionally, students who do not follow the safety guidelines, curfew, or who engage in verbal or physical assault will be asked to return home immediately.

Keep in mind that an early expulsion from the retreat may hinder students participation in future trip opportunities.

**Schedule:**

Friday, March 8 - 6:30 PM - Drop Off (*doors will be locked until 6:30pm*)

Sunday, March 10 - 11:30 AM - Pick Up

*You may keep this page for your own record. The following completed forms can be returned to Bethedas office or emailed to [admin@bethesda.ca](mailto:admin@bethesda.ca)*

## AYR Registration, March 8-10 2024

### Pentecostal Assemblies of Newfoundland and Labrador Youth Ministry Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Pentecostal Assemblies of Newfoundland and Labrador. Any medical information collected here serves to authorize Pentecostal Assemblies of Newfoundland and Labrador, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Care Giver.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Students Current Grade: \_\_\_\_\_ (*this retreat is for grades 9-12 only*)

Parents' Work Number \_\_\_\_\_

Allergies \_\_\_\_\_

MCP #: \_\_\_\_\_

Family Dr: \_\_\_\_\_ Dr Phone: \_\_\_\_\_

Does your Child have any special dietary needs? Please list:

\_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Is your Child bringing any prescribed medication with him/her? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list.

---

---

Does your child require assistance in taking the medication? \_\_\_\_ Yes \_\_\_\_ No

If yes, please include instructions/schedule.

---

---

In case of emergency when we may be unable to reach a parent, who should we contact next? Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to the Student: \_\_\_\_\_

How will your child be travelling to and from the wilds:

\_\_\_\_ Bus

\_\_\_\_ Parents

\_\_\_\_ Family Friends

\_\_\_\_ Other (please explain) \_\_\_\_\_

My student would like to room with:

---

*Note that room arrangements will be taken into consideration,  
but may not be able to be accommodated exactly as requested.*

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, the Parents or guardians named below, authorize [program leader] or one of Pentecostal Assemblies of Newfoundland and Labrador Youth Ministry Personnel to

sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Pentecostal Assemblies of Newfoundland and Labrador, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Pentecostal Assemblies of Newfoundland and Labrador, as well as of any medical treatment authorized by the supervising individuals representing Pentecostal Assemblies of Newfoundland and Labrador. This consent and authorization is effective only when participating in or traveling to events sponsored by Pentecostal Assemblies of Newfoundland and Labrador.

### **Communication:**

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

Telephone (home / work / cell)

Social Media Networks

Email

Text messages

### **Photos:**

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

Brochures/Promotional material

Website

Newsletters

Videotaping

### **Purposes and Extent**

Pentecostal Assemblies of Newfoundland and Labrador is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming

AYR, March 8-10  
Grades 9-12



opportunities at our Pentecostal Assemblies of Newfoundland and Labrador. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Pentecostal Assemblies of Newfoundland and Labrador to limit the information collected, or to view your child's information, please contact us.

**Parent / Guardian Options**

I have read, understood and agree with above and sign it to cover all Youth Ministry activities for the program year effective as stated below. A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

**Parents'/Guardian Signature:** \_\_\_\_\_

\_\_\_\_\_ I acknowledge that I've read the letter provided with this document

Printed Name: \_\_\_\_\_

Date \_\_\_\_\_

This permission form is effective: DATE \_\_\_\_\_ to \_\_\_\_\_