

# PROVINCE IV YOUTH MINISTRIES LEADERSHIP & NETWORK MEETING

DaySpring Episcopal Conference Center, Ellenton, FL The Diocese of Southwest Florida  
November 30 – December 3, 2017

**WHAT?** The Annual Province IV Youth Ministries Leadership & Network Meeting. Province IV consists of 20 dioceses in the southeastern region of the United States. Province IV is truly invested in the lives of our young people and Province IV is recognized for its outstanding leadership within The Episcopal Church. We are blessed with strong individual diocesan youth programs with leaders who enjoy getting together to share ideas and discuss issues that face our world. This Province IV Youth Ministries Meeting provides the opportunity to authentically share the challenges that we face and the successes that we have experienced. This Meeting gives us the chance to listen to one another, to share our ideas, suggestions and concerns, and to develop ministry opportunities for all of our dioceses within Province IV.

**WHO?** Two or three high school students who are leaders and one or two adult sponsors from each diocese in Province IV are encouraged to attend this Meeting. We are willing to be flexible with your diocesan policies so if your diocese has a norm about travel or other standards of conduct, please contact Cookie Cantwell, Province IV Youth Ministries Coordinator. It is our hope that the number of youth at the meeting will be higher than the number of adults.

**COST?** If your forms & registration fees are received through the US Postal Service by October 21, the cost for the four days / three nights meeting is **\$325.00 per person**. SINGLE OCCUPANCY (if available): Please add \$60 to your Registration. If your registration and check are received **AFTER October 21**, the cost will be **\$350.00 per person**. Please make the check payable to **PROVINCE IV YOUTH MINISTRIES**. Limited scholarship money is available prior to October 21. If there is financial hardship, please email Cookie Cantwell at [Cookie@stjamesp.org](mailto:Cookie@stjamesp.org)  
*This event is partially funded by Province IV.*

## REGISTRATION DEADLINE: **October 21, 2017**

*After October 21, registration will be accepted on "space availability" only. Our final plans need to be made based on the actual number of people attending.*

**WHEN?** November 30 - December 3, 2017 We will begin with dinner on Thursday, November 30 at 6:30 pm, followed by our meeting at 7:30 PM. Sunday, December 3, will be a "travel day" so you may make your airline reservations accordingly. Please remember that the Tampa, FL (TPA) Airport is approximately 60 minutes from the DaySpring Episcopal Center.

## WHERE?

**DaySpring Episcopal Center**  
8411 25<sup>th</sup> Street East  
Parrish, FL 34219  
(888)314-5744 [www.dioswfl.org](http://www.dioswfl.org)

## TRANSPORTATION:

\* **Driving?** Please check [www.dioswfl.org](http://www.dioswfl.org) for directions

\* **Flying?** Arrive at the **TAMPA, FL AIRPORT** no later than 4:00 pm on Thursday November 30, 2017 so you will have a pleasant drive to through this beautiful part of FL. We are asking each diocese to rent a car or to partner with another diocese for ground transportation. Please note that it takes approximately 60 minutes to drive to and from the DaySpring Episcopal Conference Center from the airport.

## **WHAT TO BRING:**

- **Casual dress is acceptable. Bathing Suit & Towel (Heated Swimming Pool is available)**
- **Comfortable Shoes**
- **Sheets and Towels will be furnished**
- **Please bring...**
  - \* **Diocesan Updates, Ideas, Hopes, Challenges**
  - \* **Conference and Training Events to be held within our province**
  - \* **Ideas and suggestions to strengthen Youth Ministries & Spirituality**
  - \* **Diocesan T-Shirts (extras that you may have leftover from any 2016 - 2017 events)**
  - \* **Your favorite community building activity or game to share with the group**
  - \* **A Devotional/Spiritual Focus/Worship**

### **Partner Dioceses**

These dioceses are asked to contact the dioceses that were unable to attend the 2016 Network Meeting or that may need some encouragement to attend...

The Diocese of SWFL is asked to contact The Diocese of Central Florida & The Diocese of the Central Gulf Coast  
The Diocese of KY (Katherine Doyle) is asked to contact The Diocese of WTN & ETN  
The Diocese of NC is asked to contact The Diocese of Mississippi and The Diocese of Louisiana

### **Province IV Youth Ministries Coordinator**

**Cookie Cantwell \* St. James Parish \* 25 South Third St. \* Wilmington, NC 28401**  
**Office 910.763.1628 Cell 910.264.5910**  
**Cookie@stjamesp.org**

### **Contact Person for this Province IV Youth Ministries Meeting**

**The Rev. John Palarine, Diocesan Youth Coordinator**  
**Diocese of Southwest Florida**

**jpalarine@episcopalswfl.org**  
**Cell 904-807-9906 Work 904-703-9884**

## COMMUNITY COVENANT

### 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.

### Mark Your 2018 Calendars Now...

#### \* **The Province IV Youth Ministries Meeting 2018**

**November 30 – December 3, 2018**

***(THE WEEKEND FOLLOWING THANKSGIVING)***

**The Cathedral Domain, The Diocese of Lexington**

#### \* **The Province IV Youth Mission Experience 2018**

**Hosted by The Diocese of Atlanta July 25 – 28, 2018**

#### \* **Iona Pilgrimage, September 5 – 16, 2018**

**The Rev. John Palarine and Marcus Losack will lead this Pilgrimage  
for Adult Leadership within Province IV**



# REGISTRATION FORM

## **REGISTRATION DEADLINE *OCTOBER 21, 2017***

(circle one)    **YOUTH REPRESENTATIVE**      **ADULT REPRESENTATIVE**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Transportation:**    \_\_\_\_\_ **Driving**  
                                  \_\_\_\_\_ **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 meeting is **\$325.00 prior to October 21, 2017** and **\$350 after October 21 (SINGLE ROOM: ADD \$60)**. Please make the check payable to “Province IV Youth Ministries” and mail it, along with the registration form and the Medical Release Form, to ***Cookie Cantwell \* 25 South Third Street \* Wilmington, NC 28401***

**COMMUNITY COVENANT**

I, \_\_\_\_\_ (print name) agree to live by the Community Norms that will be established by the 2017 Province IV Youth Ministries Meeting. I have reviewed the norms from the 2016 Network Meeting and understand that the 2017 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 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 \_\_\_\_\_