

Union Grove Youth Group
PILGRIMAGE 2011
Follow the Way, Speak the Truth, Live the Life!

Registration Packet

What? Pilgrimage is an energizing and fun-filled weekend for the youth of North Carolina. It is a weekend full of awesome music, great fellowship, engaging speakers, and opportunities to grow in your faith.

When? **November 11-13, 2011**
We will depart Union Grove at 4:00 pm on Friday, November 11 and return by 3:00 p.m. on Sunday, November 13.

Where? **Fayetteville, North Carolina**
We will stay at the Comfort Inn located at:
1957 Cedar Creek Rd, Fayetteville, NC
Telephone: (910) 323-8333
Pilgrimage is held at the Crown Center in Fayetteville.

Who? **All 6th-12th graders**

Cost? **\$100.00**
Includes lodging, meals, Pilgrimage registration, and a Burlington District Youth T-shirt.

Scholarships are available! Contact Pastor Rich or Pastor Laura for more information.

To Register: Return this Packet by Sunday, October 16

A \$25.00 deposit is due with the Registration Forms.
The remaining balance is due before departure on Friday, November 11.

Union Grove United Methodist Church
6407 Union Grove Church Road
Hillsborough, NC 27278
(919) 967-1523
johnson.lauradr@gmail.com, rogreen@bellsouth.net

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Registration and Permission Form

Name _____ Grade _____

Address _____

Home Phone _____

Parent Cell _____ Parent Email _____

Youth Cell _____ Youth Email _____

Add Me to the Union Grove Youth Group Email List _____

T-Shirt Size _____

Would you like to purchase a Burlington District Youth long-sleeve shirt or sweatshirt?

Cost: \$10 for long sleeve, \$23 for pullover sweatshirt hoodies

If yes, write order and size(s):

Parent/Guardian Permission

I give my youth _____ permission to attend Pilgrimage with the UGUMC Youth Group on November 11-13, 2011.

Parent/Guardian _____

Date _____

Please Return This Form with \$25.00 Deposit by Sunday, October 16.

The full payment of \$100.00 is due by departure, at 4:00 pm on November 11.

Scholarships are available if the cost of this trip will be a hardship to your family.

If needed, please mark:

My youth will need a: ½ scholarship-\$50.00, full scholarship-\$100.00

Contact Pastor Rich or Pastor Laura for more information.

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Youth Group Medical Release Statement

Name of Youth _____ **Birthdate:** _____

Address: _____ **Grade Level:** _____

Parent/Guardian Name: _____ **Contact #:** _____

I hereby authorize the performance of any necessary emergency medical, dental, or surgical procedures under local and general anesthesia which may be advised by the attending physician(s) of my child while a patient of any US hospital. Furthermore, I respectfully request the use of any of the hospital's services or facilities which may be regarded as necessary or beneficial in the performance of said procedure.

I agree to hold the hospital and doctors harmless from any liability in the treatment or admissions of my above named child when practicing medicine according to the current standards and knowledge.

Let this be your authority to treat and admit my child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

Please list any medical condition(s) that the UGUMC youth counselors should be made aware of and any medicine or medical procedure that needs to be followed in the event of an emergency on the back of this form and **check here _____ if the back of this paper is used.**

My youth is allergic to: _____ Date of last tetanus shot: _____

Chronic illnesses: _____

Current Medications: _____ Frequency _____

Youth is permitted to take _____ for fever and/or _____ for headache

Insurance company: _____ Address: _____

Policy # _____ Policy holder: _____

Emergency Contact(s) _____

Phone Number(s) _____

Parent/Guardian Signature: _____ **Date** _____

This form is valid for one year from the date signed for all youth trips and activities.