



# Christian Church in Ohio

DISCIPLES OF CHRIST

*A covenant network of congregations in mission:  
We are the Body of Christ gifted and called in covenant together as Disciples of Christ  
to be centers of transformation on the new mission frontier of our own communities*



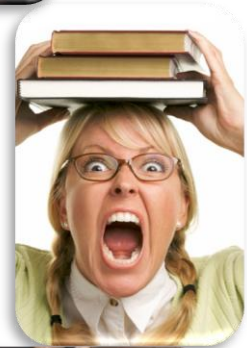
## CYF Mid-Winter

### **Conflict:** *Managing Stress In Your Life*



### **We all have conflict!**

**Conflict with Relationships,  
Authority, Ourselves, and even  
God. How do we manage these  
conflicts, and how do we see  
the opportunities that our  
conflicts reveal to us?**



**Plan now to attend your CYF Mid-Winter!**

**Phyo – February 5-7**

Community Christian Church, North Canton

**Wilmington – February 19-21**

Mount Healthy Christian Church, Cincinnati

**Hiram – March 5-7**

Westlake Christian Church, Westlake

**Lakeside – March 19-21**

First Christian Church, Paulding

**See your Youth  
Director or  
Pastor for more  
information!!**

**Or go to**

**[www.ccinoh.org](http://www.ccinoh.org)**

**OHIO CYF 2010 MID-WINTER YOUTH RETREATS**

**Cost: \$50.00 Youth \$30.00 Adults**

Registration deadline is 10 days before the event. A \$10.00 late fee applies to all Youth and Adults after the deadline. CCIIO Refund Policy is in effect for this retreat. A \$30.00 processing fee will be retained on all refund requests.

**PHYO February 5 - 7 (Deadline - January 26)**

Community Christian Church  
210 N Main St, North Canton, OH 44720-2589  
Church # - (330) 499-5458

\*Nicole Curet, [nicole.curet@gmail.com](mailto:nicole.curet@gmail.com), (330)316-5909

**WILMINGTON February 19 - 21 (Deadline - February 9)**

Mount Healthy Christian Church  
7717 Harrison Ave, Cincinnati, OH 45231-3196  
Church # - (513) 521-6029

\*Albert Brantley, [abrantley\\_53@yahoo.com](mailto:abrantley_53@yahoo.com), (513)325-5984

**HIRAM March 5 - 7 (Deadline - February 23)**

Westlake Christian Church  
25800 Hilliard Blvd, Westlake, OH 44145-3397  
Church # - (440) 871-2400

\*Meredyth McKenzie, [mckenzie.meredyth@gmail.com](mailto:mckenzie.meredyth@gmail.com), (440)503-0534

**LAKESIDE March 19 - 21 (Deadline - March 9)**

First Christian Church  
1233 Emerald Road, Paulding, OH 45879-0330  
Church # - (419) 399-4576

\* Mary Jo Bray, [revmj@hotmail.com](mailto:revmj@hotmail.com), (419)388-9274

*\* = Contact Person for this Mid-Winter*

**Send all Paperwork & Payments to Christian Church in Ohio**

355 East Campus View Blvd  
Suite 110  
Columbus, Ohio 43235

- All forms must be completed in full for registration.
- Remember to have your minister or youth advisor sign your application. **This form will not be accepted without it!**

Questions? Call Brenda Webster at (614) 433-0343 OR email: [bwebster@ccinoh.org](mailto:bwebster@ccinoh.org)



Christian Church in Ohio

D I S C I P L E S O F C H R I S T

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**2010 CYF MID-WINTER REGISTRATION**

CONFERENCE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ YOUTH \_\_\_\_\_ ADULT ADVISOR

*\* (One Adult Advisor **MUST** Accompany Every Ten Youth)*

NAME \_\_\_\_\_

GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

YOUR CHURCH \_\_\_\_\_

ROOM MATE PREFERENCE \_\_\_\_\_

**\*ENDORSEMENT OF MINISTER / YOUTH ADVISOR. THIS FORM WILL NOT BE ACCEPTED WITHOUT SIGNATURE.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Space below for Contact Person's Use Only

Housing Assignment \_\_\_\_\_

Adult Advisor in Attendance \_\_\_\_\_

Special \_\_\_\_\_

HEALTH INFORMATION AND PARENT'S CONSENT FORM FOR HOSPITAL AND MEDICAL PROCEDURE FOR MINORS

**(Must be completed in full)**

\*PLEASE PRINT

State law requires your consent for medical treatment and procedures as deemed necessary in case of an emergency. Please read this form carefully and fill it in completely. Ask about anything that you do not understand.

I, \_\_\_\_\_ do hereby  
*(Parent or Legal Guardian)*

authorize emergency treatment by a qualified physician or dentist for my son/daughter \_\_\_\_\_  
*(Name)*

during the period \_\_\_\_\_ to \_\_\_\_\_  
*(Date) (Date)*

In case of an emergency during this period, I hereby grant permission for my son/daughter to be treated at an area hospital.

Family physician is Dr. \_\_\_\_\_

Address \_\_\_\_\_

Phone including area code:(\_\_\_\_\_)\_\_\_\_\_

Family dentist is Dr. \_\_\_\_\_

Address \_\_\_\_\_

Phone including area code:(\_\_\_\_\_)\_\_\_\_\_

I hereby certify that the applicant is in good physical condition and is able to participate in the recreational activities of the Mid-Winter Youth Meet. Exceptions to this are indicated below.

Signature \_\_\_\_\_  
*(Parent or Legal Guardian)*

Relationship \_\_\_\_\_ Date \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Medication now being taken \_\_\_\_\_

Last Tetanus Toxoid (if known) \_\_\_\_\_  
*(MONTH) (YEAR)*

\*Use additional sheet for any information that will not fit on this form.

**Additional Parent/Legal Guardian Information**

Youth are asked to turn off their cell phones during Mid-Winter. If you have an emergency and need to get a hold of your son/daughter please call Regional Program Minister, Brenda Webster at (614) 301-1973 or the Church where the Mid-Winter is being held. All of the Church numbers are listed on the opposite side of this sheet.

All Host Families are required to submit the Voluntary Disclosure Statement form in advance of the Mid-Winter. To see a blank copy of this form contact [ccio@ccino.org](mailto:ccio@ccino.org).

Please Note: There is no assigned nurse to CYF Mid-Winters, therefore, if your son/daughter is taking any medication during Mid-Winter, they are fully responsible for administering it to themselves. If you have a concern about this, you must contact Brenda Webster in advance of the retreat. She can be reached at [bwebster@ccino.org](mailto:bwebster@ccino.org) or (614)433-0343.

**I understand the above additional information** \_\_\_\_\_  
*(Parent/Guardian Initials)*

**The Rules of Mid-Winter Retreats are:**

1. Be courteous at all times
2. Stay at the church or at assigned host home
3. NO SMOKING, ALCOHOL, ILLEGAL DRUGS, ELECTRONIC DEVICES, CELL PHONES, OR WEAPONS
4. Regardless of your relationship, do not enter into anyone else's personal space
5. All persons at all activities
6. Go directly from church to the home of the host
7. No parties
8. Use clean speech
9. Wear appropriate clothing – remember to ask, “How am I reflecting the image of God by what I wear?”
10. Youth who drive to Mid-Winter are required to turn in their keys at registration. They will be returned on Sunday.

***I agree to follow these rules as a participant in the CYF Mid-Winter Retreat:***

\_\_\_\_\_  
*(Signature of participant)*