

ministry leadership

Bethlehem will be hosting

Peer Ministry Leadership Training

for 10th-12th grade students

Wednesday, October 4 at 7:15 p.m. in The Hub

Based on the Good Samaritan Story, Peer Ministry Leadership is a "Kick Your Faith Up a Notch" program that equips students with leadership and relationship building skills for listening, caring, welcoming and affirming, every day, everywhere, in every relationship. Loving because Jesus first loved us.

Over the past 11 years BLC has trained 74 high school kids with Peer Ministry leadership and relationship building skills that will last a lifetime. Don't pass up this opportunity to strengthen your faith. Contact Denny at dsmook@bethlehemaberdeen.org or 225-9740 if you have questions.





Route 67 Retreat

You're invited to a "Kick Your Faith Up a Notch" retreat November 3-4 to Camp NeSoDak near Waubay, SD. We'll meet at Bethlehem on Friday at 4:00 p.m. and then head to NeSoDak. After lots of fun, food, serving, sleeping over and growing in our faith, we'll return to Aberdeen about 3:00 p.m. Saturday afternoon.

The \$75 retreat cost covers transportation, food and lodging! The lodge at NeSoDak has limited space,

which means that we can only take 24 kids, so the first 24 who sign up and pay the fee will be locked in! This retreat is a lot of fun and something kids talk about well into their high school years! Don't wait to sign up!

Please have your parent/guardian fill out **both sides** of the enclosed form and return it along with \$75 to Denny no later than October 27. Make checks out to Bethlehem Lutheran.



Middle School Trip to Skyzone



2017 Middle School Mission Trip to Duluth



Duluth, MN
July 15-20, 2018
\$60 Deposit Holds Your Spot
13 14 spots available

Contact Denny if you have questions.

How do I pay for these trips (retreats, camp, concerts, fun)?

Each student can open a Work Account to help bank fundraising money for any Bethlehem activity. This account can be open and help you through your senior year of high school. Some fundraisers are done as a group, some are individual, but it all adds up and helps teach students how to handle money and giving.

Contact Denny to set one up, dsmook@bethlehemaberdeen.org.

2017 Route 67 NeSoDak Retreat

November 3-4

I understand that part of this trip will involve times of prayer and devotion and that my child will be expected to participate.

I give permission for my child to participate in this retreat understanding that they will be accompanied by adult shepherds. Transportation will be by church vehicles. I agree that the travel arrangements are appropriate. I waive claim against the church, its employees or the volunteer shepherds for any injury suffered by my child in excess of the church's insurance limits.

I understand that at the shepherds discretion my child may be excluded from the remainder of the trip for inappropriate behavior and I agree to come and collect my child at my expense.

In case of medical/dental emergency concerning my child, at a time when I cannot be notified, I hereby authorize the shepherds to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using those measures deemed necessary, such as x-ray examinations, anesthetics or medications, medical/surgical or treatment, and/or hospital care. I absolve Bethlehem Lutheran Church, its employees and volunteer shepherds from liability in acting on my behalf in this regard.

PARENT/GUARDIAN SIGNATURE	
DATE	

Use this form for the Route 67 and High School Retreats

Retreat Health History & Parental Permission Form *Lutherans Outdoors in SD * NeSoDak * Outlaw Ranch * Joy Ranch

PLEASE BRING THIS FORM WITH YOU TO CAMP!!!

To be filled out by parents or guardians of minors

Parent or Guardian: Home Address: City: State: Evening Phone: Second Parent/ guardian or emergency contact: Home Address: City: State: Zip: Day Phone: Evening Phone: Cell Phone: State: Zip: Day Phone: Evening Phone: Cell Phone: HEALTH HISTORY Recommendations & Restrictions while at Camp: Any Medication(s) the participant will be bringing to the camp: >>> Retreater's are responsible for taking own medications << The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	Retreaters Name:	1	Birthdate:	Sex:	Age:
Home Address: City: Second Parent/ guardian or emergency contact: Home Address: City: State: Cell Phone: HEALTH HISTORY Recommendations & Restrictions while at Camp: Any Medication(s) the participant will be bringing to the camp: >>> Retreater's are responsible for taking own medications <<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications MOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chil in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.					
City: Evening Phone: Cell Phone: Second Parent/ guardian or emergency contact: City: State: Zip: Day Phone: Evening Phone: Cell Phone: Cell Phone: Any Phone: Evening Phone: Cell Phone: Ce					
Day Phone: Evening Phone: Cell Phone: Second Parent/ guardian or emergency contact:				Zip Code:	
Second Parent/ guardian or emergency contact: Home Address:					
City: State: Zip: Day Phone: Evening Phone: Cell Phone: HEALTH HISTORY Recommendations & Restrictions while at Camp: Any Medication(s) the participant will be bringing to the camp: >>> Retreater's are responsible for taking own medications<<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chili in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.					
City:	Home Address:				
HEALTH HISTORY Recommendations & Restrictions while at Camp:				Zip:	
HEALTH HISTORY Recommendations & Restrictions while at Camp: Any Medication(s) the participant will be bringing to the camp: >>> Retreater's are responsible for taking own medications<<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	-				
Any Medication(s) the participant will be bringing to the camp: >>> Retreater's are responsible for taking own medications<<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chil in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	*******	****	• • • • • • • • • • • •	******	• • • • • • •
Any Medication(s) the participant will be bringing to the camp: >>> Retreater's are responsible for taking own medications<<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chil in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.		HEALTH HIS	TORY		
>>> Retreater's are responsible for taking own medications<<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chii in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	Recommendations & Res	•		.35	
>>> Retreater's are responsible for taking own medications<<< The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chii in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	**				
The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chil in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	Any Medication(s) the pa	rticipant will be bringing to	the camp:		
The advisors coming to camp can hold onto the medications, for minors if you would prefer Any over the counter medications NOT to be taken by the retreater while at camp: Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chil in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.					
Dietary Restrictions: Allergies: Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the chil in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.					-
Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	Any over the count	er medications itor to be	aken by the retica	ter wille at e	атр
Any time health care outside the camp community is needed, parents & guardians will be notified. If you wish to be notified in ANY OTHER circumstances, please list here: WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	Dietary Restrictions	s:			
warning: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.					
WARNING: Under SD law, an equine professional is not liable for any injury of death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.					
activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	notified. <u>If you wish to b</u>	<u>e notified in ANY OTHER ci</u>	rcumstances, pleas	e list here:	
activities resulting from the inherent risks of equine activities pursuant to SD 42-11-2. This health history is correct so far as I know it, and the person herein described has permission to engage in a prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.			1.6		
prescribed camp activities except as noted above. Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.					pant in equine
Authorization for treatment: I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment & necessary transportation for the child in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.		-	son herein described l	has permission	to engage in all
in my care. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.			nission to the medica	al personnel s	elected by the
physician selected by the Camp Director to secure and administer treatment, including hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.				•	•
hospitalization for the child in my care, as named above. I give permission for my child's photo to be used for publicity purposes.	in my care. In the e	event I cannot be reached in	an emergency, I here	eby give perm	ission to the
I give permission for my child's photo to be used for publicity purposes.	physician selected l	by the Camp Director to secu	re and administer tr	eatment, incl	uding
	E				
Signature of parent or guardian:	I give permission fo	or my child's photo to be use	ed for publicity pur	poses.	
	Signature of parent or g	uardian:			
Date: updated 4/2	Date:				updated 4/2011

High School Sunday Nights

Open to all high school students. Sunday evenings this fall from 6:30-8:30. Watch for more information coming soon! Questions? Just ask Sanessa at 225-9740!



High School Sunday night mini-golf

Do you play an instrument or sing and would like to share your music as part of worship?

Contact Sanessa or Kris by calling the church office to get started.

Musicians of every age are welcome at all our weekly worships. The Bethlehem music staff is here to help you get connected with other musicians.

High School Retreat November 10-12 NeSoDak

Escape to NeSoDak on Lake Enemy Swim for a weekend! Outdoor adventures, campfire and growing in your faith.

There will be breakout times for Confirmation, Peer Ministry, Life after High School and Sports & Faith.

Open to High School Students only. \$100. Talk to Denny or Sanessa to get registered (separate NeSoDak health form required).





BETHLEHEM LUTHERAN CHURCH

1620 Milwaukee Ave NE Aberdeen, SD 57401 (605) 225-9740 www.bethlehemaberdeen.org office@bethlehemaberdeen.org

ADDRESS SERVICE REQUESTED

US Postage
PAID
Permit #18
Non-Profit Organization
Aberdeen, SD 57401



The 2018
ELCA Youth Gathering
is June 27-July 1
in Houston, TX.

The Gathering is open to all kids currently in grades 9-12 this Fall.

We will have a second information meeting on <u>Sunday</u>, <u>September 17 at 7:00 p.m. in the Fellowship Hall</u> for kids and parents/guardians who could not attend the first meeting.

We'll talk about costs and give a general idea of what happens at a National Gathering. Registration forms will be available.

Talk to Denny if you have questions.