

Second Episcopal District



AFRICAN METHODIST EPISCOPAL CHURCH
James L. Davis, Servant Bishop * Arelis B. Davis, WMS Supervisor

2017
SUMMER MEETING
JULY 17 - 20

Planning Meeting, CDMC, CEC Summit
Ministers and Leadership Training



HAMPTON UNIVERSITY



100 East Queen Street, Hampton, VA 23668



Beloved Second Episcopal District Family,

Arelis and I are please to share with you, information about the upcoming summer meeting, which is six months away. We are counting the days when we will come back together unified and working towards, **“Christ Centered Principles 4 Purposeful Change”** which leads to **#REAL** (*Restoring Hope, Empowering the People, Advancing the Kingdom and Leaving a Legacy*).

We promised that we would have two meetings per year, one in the summer and one in the winter. This is our attempt to roll out the first of these meetings. We hope you are looking forward to us coming together in this new venue, with exciting activities, programs and training opportunities being planned just for you. Everyone will find something for them at this meeting.

We want to thank our Christian Education Director, Sister Robin Porter Smith and all others across the Second Episcopal District who are working diligently to make this meeting informative and eventful for everyone. A special expression of appreciation to Dr. William R. Harvey, President of Hampton University for opening up this beautiful campus for our first Summer Meeting. This is extraordinarily exciting since it will allow so many young people to experience a few days on a University campus.

We hope this packet of information will provide you with everything needed as you prepare for our time together.

In the Spirit of Hope, we remain

James and Arelis Davis
Servant Leaders



100 East Queen Street
Hampton, VA 23668



DR. WILLIAM R. HARVEY
President, Hampton University

PURPOSE, THEME AND SCRIPTURE

Our theme for our 2017 summer meeting is ***Jesus' Hope Ignites!*** As we come together as a collective body in Christ-- Pastors, Clergy, Stewards, Trustees, Church Leaders, Adults, Young Adults and youth--we will connect and ignite the fire that only comes from our Lord and Savior, Jesus the Christ. As Hebrews 11:1 reminds us, *"Faith is the confidence that what we hope for will actually happen; it gives us assurance about things we cannot see"* (NLT).

This Summer Leadership Summit will offer exciting, stimulating, productive and incredibly fulfilling intergenerational and family oriented activities. These activities will generate open conversation and greater understanding in bridging the generational gap. God's ultimate purpose for all human kind is to restore us to fellowship and relationship with Him and all human beings. In order to be all that God has called us to be, we have to find time to restore our total selves--spiritually, emotionally, socially, intellectually, physically and economically. By improving our knowledge base, we will be better equipped to demonstrate our knowledge through action when we return to our respective churches and communities. We will be empowered through the **Word** and Holy Spirit to proactively walk and live our daily lives in strength, courage, boldness and expectancy in our only hope—Jesus, the Hope Igniter.



*"Man can live without food for forty days, without water for three days, and without air for eight minutes.
But man cannot live without "HOPE" for one second."*

Jesus is the igniter of our Hope!



WHY SHOULD I COME?

You should come because.....

- It will be fun, exciting, and informative.
- You will get a feel for being on a HBCU campus.
- You will have the opportunity to attend interactive workshops, informative sessions and excellent training opportunities.
- You will be representing your local church.

WHO SHOULD COME?

- Presiding Elders and Spouses
- Pastors, all clergy (ordained, local, licentiates, exhorters, evangelists) and all spouses
- Stewards
- Trustees
- Commission on Stewardship and Finance
- Laity
- Missionaries
- YPD
- Youth and Young Adults
- Local, PE District and Conference Church Leaders
- AME's and Non-AME's

When Should I Come?

The Summit begins on Monday, July 17, and will end on Thursday, July 20, 2017.

- Registration will begin at 8:00 am – 5:00 pm (*Monday – Wednesday*)

WHERE DO I REGISTER AND WHAT IS THE REGISTRATION PROCESS?

- ✚ Registration for the 2017 Summer Summit will be processed in the Second Episcopal District office.
- ✚ Complete registration packets are to be mailed to the Second Episcopal District headquarters (address below) on or before June 1.
 - Registration Packets postmarked by May 28 will be accepted.
- ✚ Registration packets received after the June 5 deadline will be considered late registration and the late registration costs will apply.

Summer Summit 2017 Registration

Second Episcopal District – AME Church

PO Box 34247

Washington, DC 20043

- ✚ Registration packets are housed on the Second Episcopal District Website (www.ame2.com). You may go online and print your packet.

**** NO REGISTRATION REFUND – NO EXCEPTIONS**

WHAT IS CONSIDERED A COMPLETE REGISTRATION PACKET AND HOW CAN I REGISTER?

A complete registration packet includes:

- Registration Form with permission slip
- All participants staying in the residence halls under the age of 18 will need to submit a completed Summer Program-Medical Clearance form. *(See attached)*
- Health forms must be submitted to the office of Special Projects no later than 6 weeks prior to the start of the Summer Summit. ***(June 1, 2017)***
- All Waivers must be completed before submission of registration form.
- A complete registration packet includes all **registration fees**
- Incomplete registration packets will not be accepted
- Copies of the registration packets will also be available through the presiding elders and each pastor is asked to have copies available at the local churches.
- After your registration is received and processed you will receive a confirmation via email of the same.

FULL REGISTRATION PACKAGE ON CAMPUS

CHILDREN AND YOUTH (Age 3 – 18)

Registration \$80.00

Housing w/shared bathroom \$80.00
(2 persons per room)

Meals *(All you can eat)* \$65.00
(3 Breakfasts and 3 Lunches)

TOTAL PACKAGE \$225.00

ADULT (Age 19 and over)

Registration \$150.00

Housing w/shared bathroom \$ 80.00
(2 persons per room)

Meals *(All you can eat)* \$ 65.00
(3 Breakfasts and 3 Lunches)

TOTAL PACKAGE \$295.00

*** *Single housing occupancy is available for \$160.00 – limited rooms***

OPTION 1 – HOUSING OFF CAMPUS

CHILDREN AND YOUTH (*Age 3 – 18*)

Registration \$ 80.00

Housing (*max of 4 persons-\$101.24*) \$404.98

Al-a-carte meals on campus \$108.00

TOTAL PACKAGE \$592.98

ADULT (*Age 19 and over*)

Registration \$150.00

Housing \$404.98

Al-a-carte meals on campus \$108.00

TOTAL PACKAGE \$662.98

Alternate Hotel:

Crown Plaza Hampton - Marina

700 Settlers Landing Rd.

Hampton, VA 23669

(757) 727-8919

Group Name – **2nd District AME Church**

\$119.00 + (17.66) taxes = **\$136.66** *** Cut-off date: April 17, 2017

Al-a-carte meals on campus

Breakfast \$12.00

Lunch \$15.00

Dinner \$18.00

OPTION 2

You have the option of making up your own package

Registration \$80.00 **

Hotel _____ (*Your Choice*)

Meal _____ (*Your Choice*)

**** REGISTRATION IS REQUIRED BY ALL PERSONS FOR ALL OPTIONS**



HAMPTON CAFETERIA

WHO IS RESPONSIBLE FOR THOSE IN ATTENDANCE?

- Each local church is responsible for those they bring to the Summer Summit.
- Each local church should have auto insurance coverage when transporting attendees to the Summer Summit.
- Each local church should have chaperones for their youth age 17 and younger

REQUIRED MEDICAL CLEARANCE FORMS – AGE 17 AND UNDER

ALL Registration Forms Due by June 1, 2017

(NO persons under the age of 17 will be allowed to stay on campus, if registration forms are not received by June 1st)

HAMPTON UNIVERSITY
100 EAST TYLER STREET • HAMPTON, VIRGINIA 23060 • Phone (757) 727-8215 • Fax (757) 728-8812

Summer Program - Medical Clearance Form

Name of Summer Program _____ Start Date of Summer Program _____

Health Services

PLEASE PRINT OR TYPE

PERSONAL

Name _____ Email _____
Address _____
Telephone Number () _____ Social Security Number _____ Date of Birth _____
Name and relationship of emergency contact
Name _____ Telephone Number () _____
Relationship _____

PARENT MEDICAL CONSENT
I give my consent for _____ to receive the medical care available to Summer Program students. In the event that emergency treatment is required and I am not available, I give my consent for the program director, their representative or other H.U. official (i.e., Health Center, Dean of Men, Dean of Women, V.P. for Student Affairs, etc.) to approve of necessary treatment and/or hospitalization. I understand that such treatment will be at my expense.
Signature _____ Date _____

The following questions are designed to protect YOUR HEALTH.
Personal History (Check all that apply)
A. Have you ever had (or have now):
☐ Tetanus ☐ Fits or seizures ☐ Racing of heart or palpitations
☐ Severe headaches ☐ Chest Pain ☐ Asthma
☐ Black-outs or near black-outs ☐ Wheezing or coughing ☐ Depression/Anxiety, etc.
B. List any (any) taken medicines (prescribed or over the counter): _____
C. Do you have any food or medication allergies? If so, please explain: _____

Past History (Check all that apply) Have you ever been told of (having or advised of) any of the following:
☐ Heart murmurs ☐ Sickle cell "trait" or anemia ☐ Heat exhaustion or "stroke" on campus
☐ High blood pressure ☐ Severe "sprains" ☐ Fractures
☐ Heart failure ☐ Marfan's Syndrome ☐ Severe ligament injuries
☐ Kidney disease or "inadequate" ☐ Concussion ☐ Other lung disease
☐ Protein or blood in the urine ☐ Other head injuries ☐ _____
☐ Other heart disease ☐ Asthma

Family History (Check all that apply) Has any parent, grandparent, sister or brother had any of the following:
☐ Died before age 50 (cause if known) ☐ Heart attack ☐ Heart "failures"
☐ High blood pressure ☐ Sickle cell "trait" or anemia ☐ Marfan syndrome
☐ Diabetes or "sugar" _____
Signature _____

PHYSICAL EXAMINATION
MUST BE COMPLETED ON UNIVERSITY FORM ONLY
(TO BE COMPLETED BY EXAMINER)

Name _____ Date _____ Age _____ Height _____
Weight _____ Blood Pressure _____ Urinalysis _____
Pulse _____ Albumin _____ Sugar _____

Normal	Check in appropriate column. (Circle all if not evaluated)	Abnormal	Notes/Describe abnormality. (Enter your number before circle numbers)
	1. Head, face, neck and scalp.		
	2. Nose		
	3. Mouth and throat		
	4. Ears - general		
	5. Eyes - general		
	6. Chest - general		
	7. Lungs		
	8. Breasts		
	9. Cardiovascular System		
	10. Abdomen (include hernias)		
	11. Genitalia		
	12. Upper extremities		
	13. Lower extremities		
	14. Spine		
	15. Skin and lymphatics		

16. Remarks and pertinent history related to P.E. findings: _____
17. Summary of history and discussion (Place supporting data numbers by diagnosis): _____
18. Recommendations - Further appropriate examinations indicated (specify): _____
19. Examination (check one):
[] is qualified for athletic participation
[] is not qualified for athletic participation
Typed or printed name of reviewing physician _____ Signature (examined) (MD, DO, NP, PA) _____ Date _____

IMMUNIZATION RECORD

**Immunity is required prior to registration. Please complete and return this form.*

NAME _____

TO BE COMPLETED AND SIGNED BY A HEALTH CARE PROVIDER (Dates must include month and year.)

***A. TETANUS-DIPHTHERIA (Required)**

1. ☐ Completed primary series of tetanus-diphtheria immunizations _____
2. ☐ Received tetanus-diphtheria booster (required every 10 years) _____
3. ☐ Tdap (preferred) to replace single dose of Td for booster immunization with at least five years since last dose of Td _____

***B. MMR (Measles, Mumps, Rubella) (Required) - Two doses required at least 28 days apart.**

1. ☐ Dose 1 - Immunization date required in exactly 12 months or after and before 5 years _____
2. ☐ Dose 2 - Immunized at 5 years or later _____

***C. MEASLES (Rubella) - If given instead of MMR. Check appropriate box.**

1. ☐ Had disease, confirmed by office record _____
2. ☐ Born before 1957 and therefore considered immune _____
3. ☐ Has report of immune titer. Specify date and send copy of positive results _____
4. ☐ Immunized with live measles vaccine at 12 months after birth or later _____

***D. RUBELLA - If given instead of MMR. Check appropriate box.**

1. ☐ Has report of immune titer. Specify date and send copy of positive results _____
2. ☐ Immunized with vaccine at 12 months after birth or later _____

***E. MUMPS - If given instead of MMR. Check appropriate box.**

1. ☐ Had disease, confirmed by office record _____
2. ☐ Has report of immune titer. Specify date and send copy of positive results _____
3. ☐ Immunized with vaccine at 12 months after birth or later _____

F. TUBERCULOSIS - Interpretation based on mm of induration. Check appropriate box.
(Required of International Students Only)

1. ☐ PPD (Mantoux) test within the past year (Time or Mantoux test acceptable)
Give date placed _____ Date _____ Result: ☐ Positive ☐ Negative
Give date read and results (based on millimeters) _____ mm
2. ☐ Positive PPD - Chest x-ray required or IGRA results (Please Attach)
Give date and result of chest x-ray _____ Date _____ Result: ☐ Positive ☐ Negative
3. ☐ Had BCG vaccine - Chest x-ray required if PPD not done or IGRA results (Please Attach) _____

***G. POLIO (Required)**


1. ☐ Completed primary series of polio immunization _____ Yes ☐ No
Type of vaccine: ☐ Oral ☐ Inactivated ☐ IPV
Last booster _____

***H. MENINGOCOCCAL MENINGITIS (Required) - (A, C, Y, W-135) - One dose must be given at or after age 16.**

1. ☐ MENOMUNE - Immunization and updates as per CDC guidelines _____
2. ☐ Menactra - (Conjugate) Immunization and updates as per CDC guidelines _____

I. ☐ HEPATITIS B VACCINE SERIES (RECOMMENDED OR WAIVER)
(Required for Health Care Profession Students)

HEALTH CARE PROVIDER
Name _____ Address _____
Signature _____ Phone () _____


IMMUNIZATION REQUIREMENTS

18 Months to 18 Years

Vaccines	18 mos	19-23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13-15 yrs	16-18 yrs
Hepatitis B¹ (HepB)	→ 3 rd dose →							
Rotavirus² (RV) RV1 (2-dose series); RV5 (3-dose series)								
Diphtheria, tetanus, & acellular pertussis³ (DTaP: <7 yrs)	→ 4 th dose →			→ 5 th dose →				
Tetanus, diphtheria, & acellular pertussis⁴ (Tdap: ≥7 yrs)						(Tdap)		
Haemophilus influenzae type b⁵ (Hib)								
Pneumococcal conjugate⁶ (PCV13)								
Pneumococcal polysaccharide⁶ (PPSV23)								
Inactivated poliovirus⁷ (IPV) (<18 yrs)	→ 3 rd dose →			→ 4 th dose →				
Influenza⁸ (IV: LAIV) 2 doses for some: See footnote 8		Annual vaccination (IV only)			Annual vaccination (IV or LAIV)			
Measles, mumps, rubella⁹ (MMR)				→ 2 nd dose →				
Varicella¹⁰ (VAR)				→ 2 nd dose →				
Hepatitis A¹¹ (HepA)	→ 2 dose series, See footnote 11 →							
Human papillomavirus¹² (HPV2: females only; HPV4: males and females)						→ (3 dose series) →		
Meningococcal¹³ (Hib-Men-CY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)	See footnote 13					→ 1 st dose →		Booster

WHAT ARE THE REQUIREMENTS OF CHAPERONES?

- Each local church should have one chaperone to every group of five (5) ages 17 & younger
- Parents/Legal Guardians must sign the registration form granting permission for the child to attend and be transported to the summit by their local church for all youth 17 & younger
- It is the responsibility of the local church to assure all Chaperones pass a background check.
- If you choose to use the 2nd Episcopal District services of “**Protect My Ministry**” at a cost of \$17.00, the following procedures applies --
 - ❖ You must send a list of names and a check to the 2nd Episcopal District Office – P. O. Box 34247, Washington, DC 20043 – payable to 2nd Episcopal District
 - ❖ Please note on memo line- background check
 - ❖ Each person may go online to the Second Episcopal District website (www.ame2.com) to complete the necessary forms
 - ❖ You will be notified, if your background is flagged

WHAT IS THE YOUTH CURFEW?

- Curfew is **midnight!**
- No youth is allowed to leave the campus without their chaperone
- Chaperones must monitor their youth at all times
They should know where their youth are at any given moment
- Each chaperone must accompany their youth to each activity and is responsible for enforcing the curfew
- We suggest collecting all cell phone numbers for constant contact



DO WE HAVE TO BE CONCERNED WITH OUR SAFETY?

- You should always be concern about safety and observe your surrounding
- Campus police will be on duty 24 hours July 17 – 20, 2017
- Safety monitors will be assigned during general sessions and worship services
- Inner Circle Security will be provided by the Sons of Allen and the Summit Staff (24 hours)

WHAT IS THE DRESS CODE AND WHAT ATTIRE IS REQUIRED?

- Business Casual, Sport Clothes and Casual (*no short shorts, halters, saggy pants, etc.*)
- Tennis Shoes or comfortable walking shoes (*there will be lots of walking to sessions*)
- One Semi-formal outfit for the Christian Debutante and Masters Ceremony and Dance
- Dress Attire for Communion Service (*Sunday attire*)
- Clothing for your comfort for inside and outside (*indoors may be cold/air-condition and hot on the outdoors*)

WHAT TO BRING?

- Bring your bible (*electronic or hard copy*)
- A willingness to learn, fellowship and to have fun
- Toiletries (*soap, toothpaste, toothbrush, deodorant, etc.*)

WHAT FUN ACTIVITIES ARE BEING PLANNED? *(We are still in the planning stages – subject to change)*

- Semi-formal Ball
- Power-man (Christian Body Builders)
- Debate
- Bowling
- Movies
- Game room (billiard/pool tables, darts, ping pong)
- Board Games (scramble, chess, checkers, cards)
- Basketball Tournaments *(Teams will face off for the 2017 Summit Championship)*
 - Each Presiding Elder district will have two teams
 - 12 and under
 - 13 and older
- Martial Arts Demonstrations
- Morning or Afternoon Walks
- Zumba/Exercise classes
- Science/Technology/Engineering and Math Academy (S.T.E.M.)
- Word Choir Competition (scripture base)
- Step team Competition
- Liturgical Dance Competition
- Cheerleading competition *(Cheer during the Basketball Tournaments)*



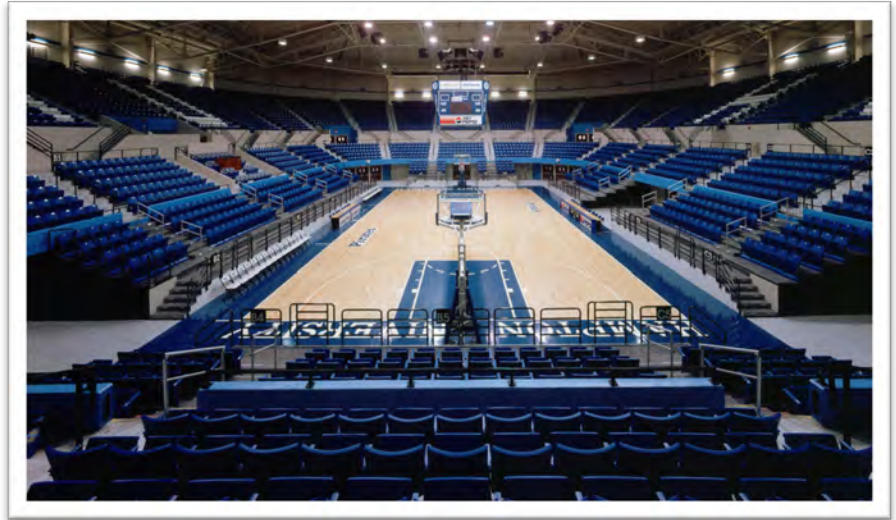
WHAT IS PLANNED FOR CLERGY, ADULTS, LEADERS, YOUNG ADULTS AND YOUTH?

July 17-20, 2017

- Planning and Strategy Meeting
- Ministers' Institute
- Leadership training for Church officers *(Stewards and Trustees)*
- Church Stewardship
- Workshops and Sessions for Adults
- Intergeneration Sessions and Workshops
 - All activities planned are intergenerational and are available for all attendees
- Worship Services
- Business Sessions

HOW ARE WE GETTING AROUND CAMPUS FOR THE SESSIONS, WORSHIP SERVICES AND MEETINGS?

- Walk
- Shuttle vans
- Scooter Rentals (TBD)



WHAT SHOULD WE DO TO PREPARE FOR THE SUMMER SUMMIT?

The success of the 2017 Summer Summit will require a commitment from everyone working together to encourage participation. We are seeking individuals to volunteer on various committees. The schedule below is a working document to keep us all on track as we plan for this event.

February 2017

Founder's Day – the unveiling of the Summer Meeting. Should you have any interest in either of the areas listed – please see a staff member.

- ✓ Roll out Summer Summit 2017 theme and vision and pray for it.
- ✓ Distribute Summer Summit Posters & Informational materials
- ✓ Organize Debate Teams
- ✓ Basketball Tournament registration (*Presiding Elders will register their teams*)
- ✓ Solicit volunteers to serve on sub-committees
- ✓ Summer Summit 2017 Sub-committees:
 - Administrative Committee
 - Registration Committee (*registration kits, registration, etc.*)
 - Security Committee
 - Chaperones Committee
 - Hospitality Committee
 - Prayer Team
 - Transportation & Parking Committee
 - Vendors Committee
 - Planning Meeting Committee
 - Ministers Institute Committee
 - Christian Education Logistics Committee
 - Activities/Awards Committees
 - Evaluation Committee
 - Music Ministry Committee
 - Host/Hostess Committee

March 2017

- ✓ **Pray for the summer summit**
- ✓ Encourage registration
- ✓ Sub-committee organization Meeting
 - First meeting (*conference call*) invite the Bishop and Staff
 - Prepare to report during the first week in April
 - Action items- plan of action, resources and budgetary needs discussed

April 2017

- ✓ **Pray for the summer summit**
- ✓ First Week of April –Sub-committees first report due to Bishop
- ✓ Prepare for competitions in your District- (*basketball, step team, debate team, word choir team, cheerleading, liturgical dance*)
- ✓ Encourage registration in your local church and community
- ✓ Public Relations during annual conferences

May 2017

- ✓ **Pray for the summer summit**
- ✓ Sub-committees continue to meet
- ✓ Sub-committees' status report due
- ✓ Encourage registration during annual conferences
- ✓ Prepare for competitions in your District

June 2017

- ✓ **Pray for the summer summit**
- ✓ Sub-committees final report due (June 15)
- ✓ Encourage registration during annual conferences
- ✓ Prepare for competitions in your District

July 2017

- ✓ **Pray for the summer summit**
- ✓ Registration deadline June 1
- ✓ Postmarked by May 28
- ✓ Prepare for competitions in your District
- ✓ Final Status Check-In Conference Call –TBA
- ✓ Meet you at Hampton University on July 17

[illegible]