

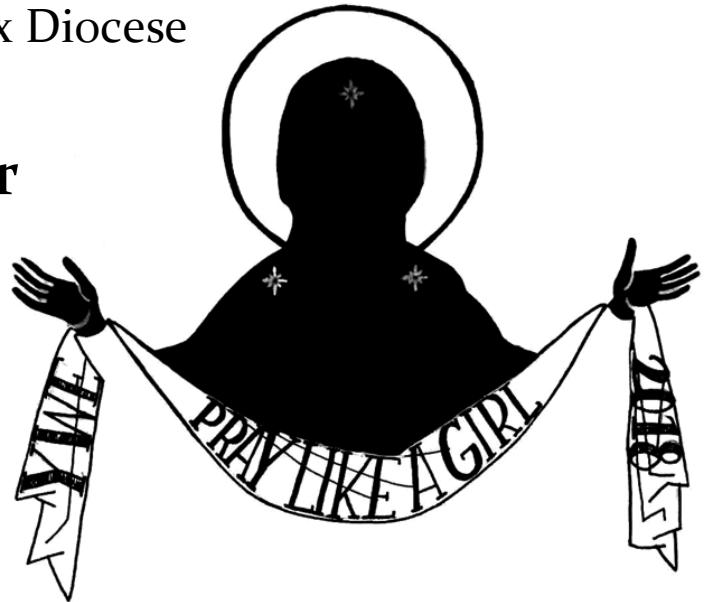
# American Carpatho-Russian Orthodox Diocese

## 5th Annual

# Young Women's Encounter

Sunday, July 1 to  
Wednesday July 4, 2018

Saints Peter & Paul Orthodox Church  
141 Hoffman Farm Road, Windber, PA 15963



The American Carpatho-Russian Orthodox Diocese is thrilled to be hosting the Young Women's Encounter for the fifth summer for young women ages 12-18! The young women to provide them an opportunity to spend time in fellowship with each other, have fun, and pray together. This year we will particularly be focusing on prayer, with the Mother of God as a model for all Orthodox Christians, and the verse Romans 12:12, "... rejoicing in hope, patient in tribulation and continuing steadfastly in prayer..."

YWE is designed specifically for our young women to provide them an opportunity to spend time in fellowship with each other, have fun, and pray together. This year we will particularly be focusing on prayer, with the Mother of God as a model for all Orthodox Christians, and the verse Romans 12:12, "... rejoicing in hope, patient in tribulation and continuing steadfastly in prayer..."

Let's have fun, pray together, cultivate our gifts, and grow in the Faith!

### EVENT INFORMATION

#### REGISTRATION:

Sunday July 1<sup>st</sup> ~ 6:00 to 7:00pm

#### CONCLUSION:

Wednesday, July 4<sup>th</sup> ~ 11:00am

Registration for the YWE begins online [here](#).

In order to complete your registration, please read through this packet, then fill in and sign the Health & Medical History form and Media Consent form (pages 3 & 4.) Mail them in by **June 8<sup>th</sup>** to:

Young Women's Encounter  
66 Beach Street  
Rockaway, NJ 07866

Space is limited and participants will reserve a spot based on the completion of their registration, including the **registration fee of \$100** (checks payable to "Young Women's Retreat.) Payment via Paypal is available in the online registration. If your fee is coming from your parish, please include a note with that information. We have a limited time together and such fun planned so please be plan to be present for the entire event.

If you have any questions regarding the YWE please contact Pani Eleni Stagon:  
973.627.1462 or [acrodywe@gmail.com](mailto:acrodywe@gmail.com)

for EMERGENCIES during the event Pani Eleni's cell: 304.777.9403  
or the Windber Parish office: 814.467.5194

After registering online, please check your email for confirmation and let us know if you do not receive it. Also, please look out for emails prior to the start of the event with more details regarding our schedule. ☺

~Keep this page with you for reference~

# American Carpatho-Russian Orthodox Diocese Young Women's Encounter

## YOUNG WOMEN'S ENCOUNTER PACKING & LEAVE AT HOME LIST

### ITEMS TO BRING:

Alarm Clock	Modest Swimsuit	Small Fan, optional
2 Towels & washcloth	Personal Toiletries	Sneakers
Casual Clothes	Pillow	Spending Money, optional
Church Clothes for Liturgy	Shower Shoes	Sweater or Sweatshirt
Insect Repellent & Sunscreen	Sleeping Bag or Sheets & Blanket*	Water bottle

\*Recommended but Optional: A twin sized air mattress. Cots will be provided for those who do not bring a twin air mattress.

### ITEMS TO LEAVE AT HOME:

Aerosol sprays; camcorders or video recording devices; cell phones; clothing with suggestive or obscene imagery or words; electronic games; gaming systems; iPads/iPods, tablets, laptop computers & MP3s; lighters & incense; magazines; roller skates or sneaker skates; shaving cream; any other item NOT deemed appropriate—if in doubt just ask! Please do not bring items of value that can be ruined, stolen, damaged or misplaced.

*Any of these items brought to the YWE must be turned in at registration and will be returned at the event conclusion.*

The YWE is not responsible for valuables not turned in, which is why we ask that they be left home.

### THE FOLLOWING ITEMS MAY NOT BE BROUGHT TO THE YWE FOR OBVIOUS REASONS:

- Alcohol
- Any and all illegal substances, including any synthetic drugs that may or may not as yet be declared illegal
- Cigarettes and all tobacco products, including hookah pens and e-cigarettes
- Dangerous implements and/or prank items i.e. knives, guns, fireworks, laser pointers, etc.

If a participant is caught with any of the items listed above she is subject to any legal disciplinary action and/or immediate removal from the event. Any behavior by participants, their parents, staff or clergy that might jeopardize the ability of the American Carpatho Russian Orthodox Diocese to host the Young Women's Encounter or that might bring ACROD's credibility or status into question as a safe, Christian environment, will not be tolerated.

### ACROD DRESS CODE POLICY

*(please retain a copy for your reference)*

Your daughter's participation in the Young Women's Encounter requires her cooperation with the ACROD dress code. Christian modesty should be your guiding principle when packing for this ACROD event. Your daughter will be encouraged to learn what Christian modesty is and what it means to be godly in her attire. We ask that you as parents partner with us in this endeavor.

Dress for church services is casual but appropriate attire is necessary. One Divine Liturgy is scheduled during the YWE. For Divine Liturgy young women should wear dresses or skirts of appropriate length, with a blouse. Pantsuits are also acceptable.

The event staff reserves the right to ask you to change your clothing if it feels that what you are wearing is inappropriate. If you or your daughter have any questions about appropriate clothing you are welcome to contact Pani Eleni or leave any questionable items at home.

~Keep this page with you for reference~

# American Carpatho-Russian Orthodox Diocese Young Women's Encounter

## PARTICIPANT HEALTH FORM & MEDICAL HISTORY (to be completed & mailed) (page 1/2)

PARTICIPANT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

About health care for during the Young Women's Encounter:

- At minimum, a staff member with First Aid, AED and CPR training is present for the event.
- Participants should arrive ready to participate in the program.
- Campers should bring – and use – insect repellent (minimum 30% DEET) and sun screen (minimum 30 SPF).
- MEDICATIONS:

Please pack all of the current medications the participant will need during the time of the event in the correctly labeled original container. This includes both prescription and over the counter medications.

The staff of the YWE will have a few basic over the counter medicines available should the need arise, including ibuprofen, acetaminophen, and cough syrup. If there is a potential need for your daughter to take a medication other than these on an "as needed" basis, please send it in the correctly labeled original container with instructions on when the medicine would be needed and what dose is to be given.

1. Is this child allergic to any food or medication? .....  Yes  No

If YES, name the item and indicate the reaction. \_\_\_\_\_  Intolerance  Anaphylaxis

\_\_\_\_\_  Intolerance  Anaphylaxis

\_\_\_\_\_  Intolerance  Anaphylaxis

2. Does this child have asthma? .....  Yes  No

If YES, will your child carry a rescue inhaler during the camp session? .....  Yes  No

If YES, does your child need staff help to use that rescue inhaler? .....  Yes  No

If YES, what triggers your child's asthma? \_\_\_\_\_

3. We will call when there is a question about your child's health and/or in an emergency. Provide contact information for a custodial parent who will be available via phone while your child is attending our program.

Name of Parent: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

4. List the medications that your camper takes on a routine basis:  This camper takes no routine medication.

*All medications must be in correctly labeled original container and turned in during registration.*

*ALL MEDICINES, prescription and over the counter, will need to be turned in at registration.*

**NO MEDICATIONS (PRESCRIPTION OR OVER-THE-COUNTER) MAY BE IN POSSESSION OF THE PARTICIPANT DURING EVENT.**

a. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) taken: \_\_\_\_\_

b. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) taken: \_\_\_\_\_

c. Med: \_\_\_\_\_ Reason for taking this: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) taken: \_\_\_\_\_

5. Date (month & year) of your child's most recent tetanus immunization \_\_\_\_\_

6. What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

---

---

---

# American Carpatho-Russian Orthodox Diocese Young Women's Encounter

## PARTICIPANT HEALTH FORM & MEDICAL HISTORY *(to be completed & mailed)* (page 2/2)

PARTICIPANT NAME: \_\_\_\_\_

### INSURANCE INFORMATION:

Are you covered by family medical/hospital insurance?  Yes  No

If so, indicate policy holder's name: \_\_\_\_\_ carrier or plan name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Are you have family prescription drug insurance?  Yes  No

If so, indicate policy holder's name: \_\_\_\_\_ carrier or plan name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

DENTIST/ORTHODONTIST NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

FAMILY PHYSICIAN NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

### PARENT OR GUARDIAN AUTHORIZATION:

I wish to enroll my child \_\_\_\_\_ in the Young Women's Encounter (YWE) at Windber, PA, Sunday July 1 to Wednesday July 4, 2018. By my signature below, I accept FULL responsibility for my child, who has my permission to engage in all prescribed activities, excepted as noted on this form. I understand that during the event there is limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis. If I cannot be reached in the event of an emergency, I give my permission to the Encounter Director and staff to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child, if necessary. I further give permission to transport my child to event locations different from the primary event premises that are part of the YWE program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed

Please complete and return this form by June 8.

# American Carpatho-Russian Orthodox Diocese Young Women's Encounter

## ACROD MEDIA CONSENT FORM

During this ACROD event, the staff will be taking photographs of the participants' activities and posting them on the American Carpatho-Russian Orthodox Diocese website (<http://www.acrod.org>). This common practice of many programs keeps parents and friends back home informed of the participants' activities. Only participants' first names (not last names) will be used on the websites and other online media.

**Please read the following, complete, and sign below.**

I understand that it is the intention of this ACROD program to have my child's participation in the program recorded on videotape and in photographs which may be posted on the program's website and the diocesan website, used in promotional materials both online and otherwise. I expressly agree to and grant ACROD the right and authority to videotape and photograph my child's activities and to use any recording of my child's participation in the aforementioned program in any and all media. Such recordings and photographs become the sole property of ACROD. I give permission for the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during the event to be used in program videos, on the diocesan website, for promotional purposes of the program, or shown as ACROD sees fit; in perpetuity.

### Participant/Staff (please PRINT)

1. Participant's Name: _____	I agree to the above	I do not agree to the above
2. Participant's Name: _____	I agree to the above	I do not agree to the above
3. Participant's Name: _____	I agree to the above	I do not agree to the above

### Signature

\_\_\_\_\_  
Print Name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please complete and return this form by June 8.