



American Carpatho-Russian Orthodox Diocese Young Women's Encounter 2017

Sunday, June 25th to Wednesday June 28th

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 again this summer for young women ages 12-18! This engaging experience will highlight how young women can live our Orthodox Faith and serve the Church with their own unique gifts.



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

EVENT INFORMATION

REGISTRATION:

Sunday June 25th 6:00 to 7:00pm

CONCLUSION:

Wednesday, June 28th, 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 5th** to:

Young Women's Encounter
19 West Park Ave.
Morgantown, WV 26501

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. Thank you!

We have a limited time together and such fun planned so please be present for the entire event.

If you have any questions regarding the YWE, please contact Pani Eleni Stagon.

Contact us before the YWE:
acrodywe@gmail or 304.296.4319

For emergencies during the YWE:
814.467.5194

~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
Bath & Pool Towels	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!

Any of these items brought to the YWE will be collected at registration and returned at closing.

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.

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.

There is space on the medical history page (page 3) to list all medications with information about dosage and schedule. Please make sure this list is complete and accurate, continuing to an additional page if necessary. 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.

Thank you for your cooperation.

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.

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PARTICIPANT HEALTH FORM & MEDICAL HISTORY (to be completed & mailed)

PARTICIPANT NAME: _____ AGE: _____ BIRTHDATE: ____ / ____ / ____

DENTIST/ORTHODONTIST NAME: _____ PHONE: (____) _____

FAMILY PHYSICIAN NAME: _____ PHONE: (____) _____

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 #: _____

HEALTH HISTORY:

<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> German Measles
<input type="checkbox"/> Health Defect/Disease	<input type="checkbox"/> Poison Ivy, etc.	<input type="checkbox"/> Mumps
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Insect Reaction	<input type="checkbox"/> Asthma
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Penicillin Reaction	<input type="checkbox"/> Strep Throat
<input type="checkbox"/> Bleeding/Clotting Disorders	<input type="checkbox"/> Drug Reaction	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Contacts/Glasses
<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Chicken Pox	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Measles	

Descriptions and Other: _____

Operations or serious illness: _____

Chronic or recurring illness or Medical Condition: _____

Restricted Activities: _____

Dietary Restrictions: _____

Current Medications (list name, dosage and time schedule) *All medications must be in correctly labeled original container and turned in during registration.* _____

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

PARENT OR GUARDIAN AUTHORIZATION:

I wish to enroll my child _____ in the Young Women's Encounter at Windber, PA, Sunday June 25 to Wednesday June 28, 2017. 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. By my signature below, I accept FULL responsibility for my child, who has my permission to engage in all prescribed activities, excepted as noted by me.

Parent/Guardian Signature

Date

Please complete and return this form by June 5.

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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 5.