

Fall Retreat 2017

Middle School and High School Youth

Grades 6th-12th

October 27-29, 2017
St. Paul's Episcopal Church, Lubbock

**cost: Registration fee is \$60
PLEASE REGISTER BY 10/15/17**

Check in and out:

- Check in will begin at 7:30pm on Friday, October 27th
- In case of delay or last minute cancellation, please call Renee Haney's cell phone (806) 445-3667
- All participants are to be picked up by 12:00pm on Sunday, October 29th
- We will attend the 10:30 a.m. service as a group

What to bring: Sleeping bag or bedding (air mattress if you want), Swimsuit, Toiletries, Towel, Comfortable Clothes, Bible, Halloween Costume (optional), AND Attitude for fun!

Telephone and Cell Phone Policy: Participants are not allowed to make or receive phone calls during the retreat. Exceptions will be made in emergencies and urgent cases with special permission from the Diocesan Youth Coordinator.

Emergencies: In the event you need to reach a participant due to an urgent matter or emergency, please call Renee's cell phone (806) 445-3667.

Visitor Policy: VISITORS WILL NOT BE ALLOWED DURING RETREATS! This includes parents or social visits from family or friends. This is for the safety of the youth and staff.

Questions: Please contact Renee Haney, Diocesan Youth Coordinator, with questions or concerns at: (806) 445-3667 (cell) or email at nwtxyouth@suddenlink.net

Mail registration to:
Episcopal Diocese of Northwest Texas Youth Office
1802 Broadway Lubbock, Texas 79401

2017 Fall Retreat Registration

Participant Information (PLEASE PRINT CLEARLY)

Full Name _____
Last _____ First _____ Middle _____

Name to appear on nametag (if different from legal name) _____

Address _____

City _____ State _____ Zip _____

Age _____ Current Grade _____ Date of Birth _____ Gender M F

Participant's email _____

Camper T-Shirt Size- all are adult sizes (circle one): S M L XL XXL

Father's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

Home Church _____ City _____

Alternate Contact (in case parent/guardian cannot be reached) _____

Relationship _____ Phone _____

Please make checks payable to Diocese NWTX. If you would like to pay by credit card-please list email address- you will receive a paypal invoice from the diocesan office.

Check is enclosed with registration

I would like to pay by credit card via paypal

Email address to send invoice

Mail to: Diocese of Northwest Texas, Youth Office
1802 Broadway
Lubbock, Texas 79401

Community Expectations and Covenant

Diocese of Northwest Texas Youth Program Code of Behavior:

Adherence to the “*Diocesan Youth Program Code of Behavior*” is required from everyone who is a part of any youth activities including participants, volunteers and staff.

- I will treat everyone with respect and dignity.
- I will not use inappropriate language during my stay at Youth Events.
- I understand that each person has physical boundaries and I will not step over their boundaries.
- I understand that sexual misconduct is unacceptable with the participants, exec and staff and will not be tolerated. This includes sexual harassment, jokes containing sexual material or sexual conduct.
- I understand that the use of alcohol, illegal drugs and tobacco products are prohibited during my stay.
- I will treat others, as I would expect to be treated.
- I will treat the facilities with care and not abuse the property. This includes writing on any part of the buildings, walls or furnishings.
- I will have a positive attitude and encourage everyone to do the same.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home.

Participant Signature: _____ **Date:** _____

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules.

Parent Signature: _____ **Date:** _____

Photo/Video Publicity Release Statement

The undersigned participant does agree to grant the Episcopal Diocese of Northwest Texas permission to record on film, videotape, or audiotape, his or her participation in Youth Events for publicity purposes. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future publicity media made by the Diocese of Northwest Texas Youth Program, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Parent/Guardian Signature

Participant Signature

Mail to: Diocese of Northwest Texas, Youth Office 1802 Broadway Lubbock, Texas 79401

HEALTH FORM

Youth Name _____ Home Phone _____

Family Physician_____

Daytime Phone_____ After Hours Phone_____

Insurance Company (**please include photocopy of insurance card or complete below**)

Phone # _____

Group/Plan# _____ Member # _____

Policy Number_____ Name of Person on Policy_____

Employer_____ Is pre-approval for treatment required? Y N

Health History

Is child current with all immunizations? Y N Date of last tetnus shot? _____

Chronic / Recurrent Illness Allergies

Ear infections _____ Hay fever _____ Rheumatic Fever _____ Poison Ivy_____

Convulsions/Seizures_____ Insect stings_____ Asthma_____ Diabetes_____

Epilepsy_____ Bed Wetting _____ Other medical concerns_____

Food Allergies _____ Dietary Issues _____

Operations or serious injuries with date: _____

Medications to be administered at event-Please note that medication must be in original bottle with dosage

Additional comments/explanations of above (use separate sheet if necessary)

OTC Medication Consent: I give my permission for the adult staff to administer OTC medications such as aspirin, Tylenol, ibuprofen, loperamide, cough drops, and decongestant to my child as needed.

Signature _____ Date _____

Parent or Guardian Statement: In the case of accident or illness, I give my permission for emergency treatment to be provided by the physician and/or health care facility determined by persons responsible for the safety and welfare of the youth at the Youth Event.

Signature _____ Date _____

Please return registration, covenant, health form, and payment to:
Diocese of Northwest Texas, Youth Office, 1802 Broadway, Lubbock, Texas 79401