

# Youth Retreat 2018

## Grades 6<sup>th</sup>-12<sup>th</sup>

January 12-14, 2018  
St. Paul's Episcopal Church, 1510 Ave X, Lubbock

**Cost: Registration fee is \$60**

Please register and make payments by one week before

**Check in and out:**

- Check in will begin at 7:30pm on Friday, January 12th
- 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 12:00ish on Sunday, January 14th
- We will attend the 10:30 a.m. service as a group

**What to bring:** Sleeping bag or bedding, Toiletries, Towel, Comfortable Clothes, Bible, 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](mailto:nwtxyouth@suddenlink.net)

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

# 2018 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- (circle one): Youth- YS YM YL      Adult- 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.

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**Parent/Guardian Signature**

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**Participant Signature**

# 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 tetanus 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