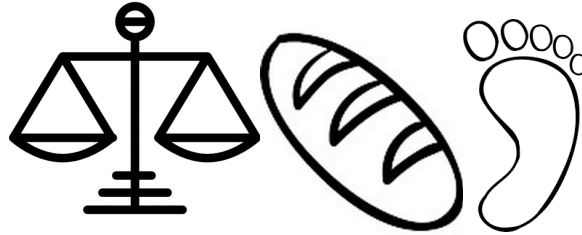


Do Justice. Love Mercy. Walk Humbly.



Diocese of Western Massachusetts Martin Luther King, Jr. Weekend Youth Service Lock-In January 20-21, 2019

Every year on the third Monday of January, we observe a day in remembrance of the life and work of Martin Luther King, Jr. This year, diocesan youth in grades 6-12, and the adults who work with them, are invited to Christ Church Cathedral for an overnight. During this lock-in, we will dream about what it means to carry on Dr. King's legacy in our own communities, and explore what that looks like in Springfield today. We'll also engage in service work in the Springfield community. Bonus: everyone will get to sleep *inside* the Cathedral over night!

Details:

When: January 20, 3:00 PM-January 21, 4:00 PM

Where: Christ Church Cathedral, Springfield

Who: Youth currently in grades 6-12 and adults who work with them

Cost: 20.00/youth

Questions? Need a scholarship? Contact Hilary (hbwchurch@gmail.com)

Please note: Some of this weekend's activities may involve outdoor activities, weather permitting. Please be sure to pack weather appropriate clothing.

Tentative schedule

01/20

3:00 Arrival, check in
3:30 Opening icebreakers, music, games
4:15 Weekend introduction
5:00 Service project
7:00 Dinner
8:00 Describing our communities
9:00 Snack break
9:15 Bedtime Prayers
10:00 Prepare for bed
10:30 Lights out

01/21

7:30 Wake up, clean up sleeping space
8:00 Breakfast
8:45 Morning Prayer
9:00 Introduction to Springfield
9:30 Service project
11:30 Unpacking the service project
12:30 Lunch (possible service meal option?)
1:30 Stations in Springfield
2:30 Bringing it back home
3:30 Closing Eucharist and commissioning
4:00 End/Parent pick up

YOUTH INFORMATION

Youth name: _____

Preferred Name: _____ Scholarship required? _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

Gender: _____ Preferred Pronoun: _____

Church: _____ Priest: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian name: _____

Address: _____ Phone: _____

Adult Email: _____

EMERGENCY CONTACT INFORMATION

Please note: Youth's parent/guardian will always be contacted first.

Contact 1 Name: _____ Relation: _____

Phone: _____

Contact 2 Name: _____ Relation: _____

Phone: _____

INSURANCE INFORMATION

Insurance Company: _____ Name on Card: _____

ID#: _____ Group #: _____

Policy #: _____

Primary Physician: _____ Phone: _____

HEALTH HISTORY

Please list any allergies and/or dietary restrictions, including reactions:

If the youth has asthma, does the youth carry an inhaler? Y/N

Does the youth carry an epipen? Y/N

Please list any prescription medications, with instructions for use. *Please note: youth must give prescriptions in original, labeled bottle to adult leaders.*

Medication	Dosage/Time	Use
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Parent/Guardian Agreement

I hereby certify that all the information contained in this registration and medical form is up to date and correct. I give permission for my child to be treated by a physician, nurse, or person appropriately trained in first aid in case of accident or illness. Also, I give permission for my child to be given prescribed medications I have provided and also over the counter medications such as acetaminophen or ibuprofen.

I understand that every attempt will be made to contact the adults on this form if medical intervention is needed, beginning with the parent/guardian(s). Additionally, I understand that with every activity, there is the inherent possibility of risk and I do not hold the Diocese of Western Massachusetts, its leaders, employees or volunteers liable for damages, losses, diseases or injuries by the subject on this form.

Parent/Guardian Signature _____ Date _____

Photo Release

I, _____, give permission for the Episcopal Diocese of Western Massachusetts to use my child _____'s likeness in a photograph or video in any and all publications, including website entries, without payment or any other consideration. Participant and the Participant's Guardian further understand and agree that these materials shall become the property of the Diocese and will not be returned to the Participant and Participant's Guardian. Participant and Participant's Guardian hereby authorize the Diocese to edit, alter, copy, exhibit, publish, or distribute such photo or video for purposes of publicizing the Diocese's programs or for any other lawful purpose. In addition, Participant and Participant's Guardian waive the right to inspect or approve the finished product, including written or electronic copy, wherein the Participant's likeness appears. Participant and Participant's Guardian waive any right to royalties or other compensation arising or related to the use of such photograph or video.

Parent/Guardian Signature Date

Youth Community Covenant

The Youth Community Covenant defines a standard of behavior that provides for a safe community experience.

1. I agree that I shall not possess, use, or be under the influence of illegal drugs or alcohol during the event.
2. I agree that I shall not possess or use tobacco products during the event.
3. I agree that I will not engage in sexual activity during the event.
4. I agree not to possess or use firearms, knives (including pocketknives), fireworks, or other weapons of any kind.
5. I understand that acts of violence and aggression will not be tolerated.
6. I understand that the physical property of the facility and the property of each person at the event will be respected.
7. I understand that sexual misconduct, sexually explicit communication, or sexual harassment will not be tolerated.
8. I understand that boundaries are established to ensure my safety while at this event, and I will respect it by abiding by the boundaries set forth.
9. I understand that if I choose not to comply with any of the above, my parents will be called and the rector will be informed.

This covenant helps provide for the physical, emotional and spiritual safety of the whole community and a violation of it is damaging to the community. Violations will be dealt with in an immediate and appropriate manner by the Youth Missioner. Possible consequences for serious or repeated offenses may include (but are not limited to) notification of one's parents and rector, and being sent home immediately at one's own expense and without refund.

I have read, understand and agree to abide by the above Community Covenant.

Signature

Printed Name

Date

REGISTRATIONS ARE DUE TO HILARY BY JANUARY 13.

Please mail to

Hilary Bogert-Winkler

173 Warner Ave.

Worcester, MA 01604

Checks should be made to the Diocese of Western Massachusetts.