

***Journeys***  
***Registration Form***  
***Journeys # 9 – April 20 – 21, 2018***  
***Trinity Episcopal Church, Buffalo***

The underlying premise of the program is that we are all on a spiritual journey and that in all journeys there are choices, bumps, smooth passages, dead ends and unexpected surprises.

Particularly for junior high youth the important lesson is that in God's economy nothing is wasted, it's important to try many different ways to experience the presence of God and from those experiences to follow the path that seems the right one for you.

The core of the retreat is the Saturday morning and afternoon sessions. There are six different activities, the young people choose in which order they wish to attend those activity sessions. At each session they will receive a charm or bead to add to a bracelet at the end of the weekend they will have all six. The six sessions have themes, but the exact activity will be planned by one or more members of the leadership team.

The leadership team will be a combination of high school aged youth and adults. Journeys is held at churches around the Diocese.

The cost of the weekend is \$25

The expectations of participants are:

- Come with an open mind and a willingness to try new things
- Join in all the activities of the weekend
- Let an adult know if you are having any kind of problem
- Be present for the entire weekend from Friday at 7:00 p.m. through Saturday afternoon at 3:00 p.m.
- Abide by the community norms for the weekend

You will need to bring with you to the weekend:

- \$25
- Sleeping bag & pillow
- Toiletries
- Changes of clothes
- Towel, washcloth & soap
- One bag of snacks (pretzels, chips etc...) to share

If you or your parents have questions contact Wendy Schumacher - [wschumacher@episcopalwny.org](mailto:wschumacher@episcopalwny.org) or (716) 830-5443

Send completed registration form and payment to:

Episcopal Diocese of WNY  
Attention Wendy Schumacher  
1064 Brighton Rd  
Tonawanda, NY 14150

# ***Journeys Participant Registration***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade in School: \_\_\_\_\_

Church you attend: \_\_\_\_\_

## Parent or Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Medical Information

Insurance Carrier/Plan Name: \_\_\_\_\_ Insurance Group Number: \_\_\_\_\_

Physician Name & Address: \_\_\_\_\_

Special Needs (Diet, physical assistance etc.) \_\_\_\_\_

Medication taken, how much & on what schedule:

Community Norms:

- Smoking is not permitted at any diocesan sponsored youth program.
- No alcohol, non prescription drugs, knives, firearms or fireworks of any kind.
- No lewd, crude or socially unacceptable behavior (verbal and/or physical).
- No leaving the grounds of the church and/or conference center.
- No entering "off limit" areas of the church and/or conference center.
- No leaving assigned sleeping areas or cabins after lights out/quiet time.
- No fighting or violent behavior that may endanger you or those around you.

**Should it become necessary to send a child home for infraction of any of these community standards, a parent or guardian will be required to come pick her/him up - day or night - upon notification from the adult in charge of the event.**

Release

In case of medical emergency, I understand that every effort will be made to contact the parent or guardian. In event I cannot be reached, I hereby give permission to the dentist or physician designated by the staff to hospitalize, secure proper treatment and/or to order an injection, anesthesia, or necessary surgery.

I hereby give permission to the representatives of the Diocese of Western New York as a part of the First Thirty Ministries to transport my minor child in private automobiles and/or vans on special trips. I realize that private vehicles may be operated by paid diocesan staff as well as volunteers. I hereby release and waive any claims I may have for injuries to such minor child including claims for medical treatment expenses for such minor child against any such person and the diocese for their failure to exercise due care in transportation to and from and participation in such special trips. I do not waive or release claims that may arise from intentional, wanton, or willful misconduct by such staff or volunteers. The Episcopal Diocese of Western New York in conjunction with sponsored events at churches will not be held liable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Video and pictures will be taken throughout the event. I give permission for pictures of my minor child to be used in Diocesan publications and social media pages to promote the event.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_