

American Carpatho-Russian Orthodox Diocese Altar Boy Retreat

Acrod.abr@gmail.com - <https://www.acrod.org/ministries/vocation/abretreatprogram/>

Sunday, June 26th to Wednesday, June 29th 2022

Christ the Saviour Seminary
225 Chandler Ave., Johnstown, PA 15906

The American Carpatho-Russian Orthodox Diocese is pleased to announce the opening of registration for this years Annual Altar Boy Retreat. The ABR is designed specifically for the Altar Servers from across the Diocese to come together and spend time in fellowship with each other, have fun, and pray together. This year our outing will be a visit to the Flight 93 Memorial where we will perform a Panachida and have lunch, before proceeding to Caddie Shak adventure park for the rest of the afternoon.

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

EVENT INFORMATION

<u>Registration</u>	<u>Conclusion</u>
Sunday, June 26th ~ 6:00 - 7:00 PM	Wednesday, June 29th ~ 11:00 AM

Registration for the ABR begins online at:

[http://events.constantcontact.com/register/event?
llr=oblwu7zab&oeidk=a07ej58v8yof0e2ea6d](http://events.constantcontact.com/register/event?llr=oblwu7zab&oeidk=a07ej58v8yof0e2ea6d)

In order to complete your registration, please read through this packet, then fill in and sign the Health & Medical History form (pages 5 - 7.), Media Consent form (page 8), and ACROD Code of Conduct (page 9.) Mail completed pages 5 - 9 by June 12th to:

Fr. Nathaniel Choma, 1907 Jenkins Street, Endicott, NY 13760

Space is limited and participants will reserve a spot based on the completion of their registration, including the registration fee of \$125 (checks payable to "Diocese Altar Boy 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.

After registering online, you should receive a confirmation email. If you do not, please notify Fr. Nathaniel. Also, look out for emails prior to the start of the event including an important Participant and Parent Information Guide, with information about this year's schedule and more!

If you have any questions regarding the ABR please contact the ABR Director, Fr. Nathaniel Choma: (607) 754-8952 or

acrod.abr@gmail.com

For **EMERGENCIES** during the event

Fr. Nathaniel's cell: (330) 402-0352

ALTAR BOY RETREAT PACKING & LEAVE AT HOME LIST

Items to Bring:

Altar Boy Robe	Swimsuit	Spending Money (Optional)
2 Towels & Washcloth	Personal Toiletries	Sweater or Sweatshirt
Casual Clothes	Pillow	Baseball Glove
Church Clothes for Liturgy	Sleeping Bag or Sheets & Blanket *	A GOOD ATTITUDE
Insect Repellant & Sunscreen	Sneakers	

*Cots are provided but need a sleeping bag or sheets.

ITEMS TO LEAVE AT HOME:

Cell phones; aerosol sprays; camcorders or video recording devices; 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! Please do not bring items of value that can be ruined, stolen, damaged or misplaced.

Any of these items brought to the ABR must be turned in at registration and will be returned at the event conclusion. If they are not turned in, but found by staff, the Altar Boy may be sent home.

THE FOLLOWING ITEMS MAY NOT BE BROUGHT TO THE ABR 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 he 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 Altar Boy Retreat or that might bring ACROD's credibility or status into question as a safe, Christian environment, will not be tolerated.

ACROD DRESS CODE POLICY

(Agreement to comply with the ACROD Dress Code Policy is included in online registration and copied here for your reference.)

Your son's participation in the Altar Boy Retreat requires his cooperation with the ACROD dress code. Christian modesty should be your guiding principle when packing for this ACROD event. Your son will be encouraged to learn what Christian modesty is and what it means to be godly in his attire. We ask that you as parents partner with us in this endeavor. We ask that all attire be a sign of respect for one's self and everyone else.

Dress for church services should be long pants, polo or button shirt and dress shoes under the Altar Boy Robe. One Divine Liturgy is scheduled during the ABR.

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 child has any questions about appropriate clothing you are welcome to contact Fr. Nathaniel or leave any questionable items at home.

PARTICIPANT HEALTH FORM & MEDICAL HISTORY
(to be completed & mailed) (Pages 5, 6, & 7)

PARTICIPANT NAME: _____

AGE: _____ BIRTHDATE: _____ / _____ / _____

About health care during the Altar Boy Retreat:

- At minimum, a staff member with First Aid, AED and CPR training is present for the event.
- Participants should arrive ready to participate in the program.
- Participants should bring – and use – insect repellent and sun screen (minimum 30 SPF).
- 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 ABR 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 son 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.

1. Is this child allergic to any food or medication? ☐ Yes ☐ No

1. If YES, name the item and indicate the reaction.

1.1. _____ ☐ Intolerance ☐ Anaphylaxis

1.2. _____ ☐ Intolerance ☐ Anaphylaxis

1.3. _____ ☐ Intolerance ☐ Anaphylaxis

2. Does this child have asthma? ☐ Yes ☐ No

2.1. If YES, will your child carry a rescue inhaler during the ABR? ☐ Yes ☐ No

2.2. If YES, does your child need staff help to use that rescue inhaler? ... ☐ Yes ☐ No

2.3. If YES, what triggers your child's asthma _____

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3. We will call when there is a question about your child's health and/or in an emergency.
Provide contact information for a custodial parent who will be available via phone while
your child is attending our program.

Name of Parent: _____

Phone: (_____)_____

5. List the medications that this participant takes on a routine basis:

5.1. ☐ This participant takes no routine medication.

All medications must be in correctly labeled original container and turned in during registration.

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.*

5.2. Med: _____

Reason for taking this: _____

Dosage: _____

Time(s) taken: _____

5.3. Med: _____

Reason for taking this: _____

Dosage: _____

Time(s) taken: _____

5.4. Med: _____

Reason for taking this: _____

Dosage: _____

Time(s) taken: _____

6. Date (month & year) of your child's most recent tetanus immunization_____

7. What else should we know about your child? Please write additional information about your
child's health that may impact their participation in our program:

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PARTICIPANT NAME: _____

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 #: _____

Do you have family prescription drug insurance? ☐ Yes ☐ No

If so, indicate policy holder's name: _____

Carrier or plan name: _____ Policy #: _____

Group #: _____

DENTIST/ORTHODONTIST NAME: _____

PHONE: (_____) _____

FAMILY PHYSICIAN NAME: _____

PHONE: (_____) _____

PARENT OR GUARDIAN AUTHORIZATION:

I wish to enroll my child _____ in the Altar Boy Retreat (ABR) at Johnstown, PA, Sunday, June 26 to Wednesday, June 29, 2022. By my signature below, I accept FULL responsibility for my child, who has my permission to engage in all prescribed activities, excepted as noted on this form. I understand that during the event there is limited healthcare on site and that staff will call the indicated parent/guardian (a) in an emergency, (b) if questions about my child's health may arise, and/or (c) when my child is unable to continue because of injury or illness. I acknowledge that the program will handle medication as described and that information on this form will be shared with staff on a need-to-know basis. If I cannot be reached in the event of an emergency, I give my permission to the Altar Boy Retreat Director and staff to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child, if necessary. I further give permission to transport my child to event locations different from the primary event premises that are part of the ABR program.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name Printed _____

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 (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
4. 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

ACROD CODE OF CONDUCT FOR THE SAFETY OF CHILDREN AND YOUTH

(FOR CHILDREN, YOUTH, AND PARENTS)

Read and initial each item to signify your agreement to comply with this Code of Conduct.

For Children and Youth:

_____ I will act with honesty, kindness, and only the best possible behavior at all times.

_____ I will help create a welcoming, safe, and loving atmosphere free from harshness, intimidation, or harassment.

_____ I will treat all Children and Youth with respect at all times.

_____ I will treat all Children and Youth fairly regardless of race, sex, age, or religion.

_____ I will do my best to prevent Abuse of Children and Youth involved in the Altar Boy Retreat.

_____ I will not physically, sexually, or emotionally Abuse or Neglect a Child or Youth.

_____ If I do not act appropriately or violate the event policies, I understand that I may face negative consequences, including possibly being sent home from the Altar Boy Retreat.

_____ If I see any inappropriate or suspicious behavior or possible policy violations with Children or Youth, I will immediately tell a Youth Worker (ABR Director or Staff).

For Parents:

_____ I have reviewed the Policies and discussed them with my Child or Youth.

_____ I understand the behavior expected of my Child or Youth as well as the potential consequences of misbehavior or violations of the policies, including potentially being sent home from the Altar Boy Retreat.

Signature

Date

Participant Name Printed

Signature of Minor's Parent or Guardian

Date