

Establishing Youth Community:
the JournEY Continues

Fall 2010 Youth Retreat Permission Form
July 31st – August 1st

I hereby give my consent and authority for my teen _____ to attend the fall youth retreat located at the Valle Crucis Episcopal Conference Center.

I have been informed of and I understand the teen rules of conduct. In the event that my teen participates in activities that contradict the rules of conduct for this retreat, I agree to retrieve them immediately upon the request of the Youth Program Director.

In attending this retreat, I am aware that my child will be involved in activities such as a night hike and an afternoon low ropes course. I understand that any event such as this one involves risks of injury to the person and property of the participant.

Waiver of Claims: In consideration of the benefits to be derived from participation in the activity, any and all claims against St. Mary of the Hills Episcopal, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage or other loss or harm to, or incurred or suffered by the participant named above or to his or her property, in the connection with or incidental to the retreat or activity, including travel, are hereby expressly waived by the participant and the participant's family or guardians.

Medical Release: In the event of illness or injury occurring to my son, daughter, or ward while involved in this retreat and activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I accept responsibility for payment of expenses incurred as a result of any such medical treatment of my son, daughter, or ward. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Allergies: Yes / No If yes, please specify: _____

Medications: Is this person on any medications? Yes / No If yes, please specify: _____

If my child or ward becomes sick or suffers a **minor** injury, the Youth Director may administer the following medications (please circle):

Tylenol Ibuprofen Benedryl

Insurance Information:

Insurance Company _____

Policy Number _____

Personal Physician:

Telephone Number of Personal Physician: (_____) _____

Primary Emergency Contact: In the event of emergency, please attempt to contact me at: (_____) _____ (area code and phone number)

Emergency Contact other than Parent/ Guardian:

Name: _____

Area Code and Phone Number: (_____) _____

Youth Rules of Conduct:

- This is a group event. We participate in activities as a group, come as group, leave as a group, and grow as a group.
- Common sense rules apply: No foul language. No drugs. No weapons. No alcohol. No violence. No disrespectful behavior.
- There will be absolutely no exclusive or sexual behavior permitted at this event or at any EYC sponsored functions. Participating in exclusive behavior includes clique-ish behavior, "pairing-off," etc.
- Cell-phones and ipods, or any other electronic devices may ONLY be used during scheduled free times or before bed. If the Youth Director or any other chaperoning adult sees it, it will be confiscated and returned to the youth at the conclusion of the event.
- Confidentially rules apply—some group activities may be personally revealing and we expect the group to respect confidentially as laid out by the signed Confidentiality Statement (if your child has not signed a Confidentiality Statement form, please let Katy or Alice know)

If there are any questions or concerns about any of these rules, we encourage you to contact Katy or Alice prior to the event.

Signatures:

Signature of youth: _____ Date: _____

Signature of father or legal guardian: _____ Date: _____

Signature of mother or legal guardian: _____ Date: _____