



The Episcopal Church in the San Francisco Bay Area

CONFIRMATION RETREAT REGISTRATION AND RELEASE FORM

Please print, fill out, sign, and bring completed form with payment to the retreat.

Questions? Email carenm@diocal.org

Last name:

First name:

Address:

City:

Zip:

Birthdate: / /

Age:

Grade:

Congregation and city:

Parent / guardian name:

Email:

Phone day: ()

Phone eve: ()

Cell: ()

Cost: \$150 Amount enclosed: \$ Check: # or Paypal confirmation #:
Scholarships are available. Contact Caren Miles, carenm@diocal.org

HEALTH INFORMATION

Physician/health provider:

Phone:

Insurance Company Policy #:

Please include a copy of the front & back of your insurance card with registration form.

Date of last physical exam: / /

Date of most recent DPT/Tetanus Vaccine: / /

Are immunizations current? Y or N If No, which are not:

Medications presently using

Dosage and when taken

What is being treated

*NOTE: All prescription and over-the-counter medications brought to the retreat will be checked in with the first aid staff member during registration. **ALL MEDICATIONS ARE REQUIRED TO BE IN ORIGINAL CONTAINER WITH CURRENT PRESCRIPTION LABEL ATTACHED.** If camper is taking the medication against the methods prescribed on label, a signed note from the camper's physician or legal guardian will be required.*

Does participant have any allergies? (bee stings, food, medications, etc.):

Does participant have a special diet? (vegetarian, lactose intolerant, etc.):

Other Contact 1:

Phone day: ()

Phone eve: ()

Cell: ()

Relationship to the Participant:

Other Contact 2:

Phone day: ()

Phone eve: ()

Cell: ()

Relationship to the Participant:

COMMUNITY COVENANT

We will be living in community for three days, and, as such, we need to agree to some community rules that will make our life together run smoothly. Please read these expectations and sign at the bottom of the page. Adult sponsors will also sign the covenant.

I, _____ agree to the following community covenant:

- Full participation in all events is expected
- Youth are not allowed in other people's sleep areas
- No sexual activity
- No alcohol, illegal drugs, tobacco products, fireworks, or weapons are allowed at any time
- No person is to leave during the event without permission from the event coordinator. (It is the expectation that youth will stay for the entire event.)
- If you bring music, bring headphones. (We discourage bringing electronics or anything valuable)
- Please do not bring snacks; many will be provided

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 understand that there will be consequences, which may include my being sent home.

Signed by youth: _____ Date: _____

As parent and/or legal guardian of this child, I have read the above and believe that they are capable of aspiring to and following these community expectations and rules.

Signed by parent or guardian: _____ Date: _____

PARENTAL STATEMENTS, PERMISSIONS, SIGNATURE

Authorization for Treatment: I hereby give permission to the medical personnel selected by St. Dorothy's Rest and the Diocese of California to order X-rays, routine tests, treatment, to release my records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by St. Dorothy's Rest and the Diocese of California to secure and administer treatment, including hospitalization for the person named above.

- I will instruct my child to take responsibility for going to Get Well Head Quarters at scheduled times if special medications are involved.
- I realize that individuals at camp can injure themselves without fault on the part of St. Dorothy's or diocesan personnel.
- I release St. Dorothy's Rest and the Diocese of California from responsibility of injury to my child.
- I also understand that health and accident insurance protection is my responsibility for the above named.
- I give permission for my child to engage in all prescribed camp activities, except as noted. I will make sure my child understands and agrees to abide by the camper rules and restrictions noted on camp activities.
- I give permission on behalf of my child for the use of the following for promotional purposes by St. Dorothy's Rest and the Diocese of California; pictures, videos taken while at camp, quotations from evaluations and or letters relating to their camp experience.

By signing, I agree to all statements in this form, I also agree that the information I present in this form is true and correct to the best of my knowledge.

Parent/guardian signature: _____ Date: _____

Print name: _____