

Diocese of Virginia Parental Permission form.

## Parish Youth Ministries Senior High Weekend Application Form

April 9-11, 2010 □ Shrine Mont, Orkney Springs  
Luke 5:17-26 "Searching for God in wondrous things"  
*Adults and youth must register.*

Please give this form to your youth advisor with the check. Youth must be accompanied by an adult.

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

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

City/State/Zip: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

Gender \_\_\_\_\_ T-shirt size: (Please Circle) small medium large

Church name and location: \_\_\_\_\_

Name of accompanying adult: \_\_\_\_\_

Any special physical or dietary needs

Make check payable to the Diocese of Virginia. Enclose a \$50 non-refundable deposit per participant and return to Rev. Martinez by March 20<sup>th</sup>.

The weekend is \$150 for ALL participants. Scholarships are available as needed.  
No late registrations will be accepted.

I understand that pictures and videos are taken at Diocesan events. I hereby  
(please mark one)  give  do not give permission for the use of such pictures  
and videos of my camper for the promotion of Shrine Mont camps.

### Medical Release Form for Minors To be printed out and signed

I hereby give my permission for my child to attend the Diocese of Virginia's Senior High Weekend at Shrine Mont, and in the event of an accident or illness, to receive emergency medical treatment as deemed necessary by a licensed physician.

Signature (to be signed by parent/guardian of all conference participants)

home \_\_\_\_\_

cell \_\_\_\_\_

work \_\_\_\_\_

Contact numbers for parent(s)

Insurance company and policy number

Emergency contact

home \_\_\_\_\_

cell \_\_\_\_\_

work \_\_\_\_\_

## Parent Information

This form is for:

Day Trip  Overnight  High Adventure  Sensitive Issue

**General Information:**

Activity Date/s: April 9<sup>th</sup> - 11<sup>th</sup>

Activity: Diocesan High School Retreat Weekend

Activity Location: Shrine Mont, Orkney Springs, VA.

Departure Time: TBA Place: St Andrew's Parking Lot

Return Time: approx. 4:00 pm Place: St Andrew's Parking Lot

Transportation: Car/Van Cost: \$150 per person (scholarships available)

Each Child Should:

\_\_\_\_\_

Adult in Charge: Eileen Hart

Phone: \_\_\_\_\_

Adults Attending:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: Rev. Martinez

Phone: 703-401-7547

*For High Adventure Activities*

**\_\_\_\_\_ if this is a High Adventure Activity**

For programs that include ice skating, roller skating, horseback riding, white water rafting, canoeing, caving, rock climbing, rappelling, swimming, or other physically strenuous or hazardous activities, parent or guardian should recognize that these activities can be dangerous and that some times serious injuries may occur.

*For Sensitive Issue Activities*

**\_\_\_\_\_ if this is a Sensitive Issue Activity**

Please discuss this activity with your child. Attendance is optional for all or part of the activity. However, it is the parent or child's responsibility to communicate to the leader your needs prior to the activity date.

Supplemental Information:

### Event Parental Permission Form

**General Information:**

I am the parent/guardian of \_\_\_\_\_

I have read the description of the activity planned for April 9<sup>th</sup> - 11<sup>th</sup>

I will be responsible for ensuring that my child brings the required equipment and attends only if in good physical condition.

\*If this is a high adventure or sensitive activity, please initial and date the appropriate statement below.\*

***For High Adventure Activity:***

~~\*Initial \_\_\_\_\_ Date \_\_\_\_\_: I have read the attached description of the activity planned and I understand that my child will be exposed to above normal risk of injury. I sustain that to the best of my knowledge, my child has the maturity, required skill and physical ability to participate in the activity described above.~~

***For Sensitive Issue Activities:***

~~\*Initial \_\_\_\_\_ Date \_\_\_\_\_: I have read the attached description of the activity planned. I understand that my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I have discussed this activity with my child and am confident of her/his maturity/ability to participate.~~

***For Photographs:***

Initial \_\_\_\_\_ Yes \_\_\_\_\_ No: I give my permission for my child to be photographed and allow St. Andrew's Episcopal Church to release said pictures for publicity purposes.

Please describe any health concerns or allergies and treatments for same:

I give special permission and or instructions for the following medication: \_\_\_\_\_  
This medication will be properly labeled and given to the program leader.

Mother/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

(initial) \_\_\_\_\_ Yes \_\_\_\_\_ No: I give my permission for my child to participate

I authorize an adult member of the St. Andrew's Episcopal Church to provide transportation via their private vehicle for my child to and from this activity.

Parent/Legal Guardian's Printed Name \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We will have the following on hand. Please check all that your child may take as needed and according to package directions:

- |                  |                         |                       |                         |
|------------------|-------------------------|-----------------------|-------------------------|
| _____ Ibuprophen | _____ Isopropyl Alcohol | _____ Calamine Lotion | _____ Hydrogen Peroxide |
| _____ Neosporin  | _____ Acetominiphen     | _____ Benadryl        | _____ Sunscreen         |