

BAY AREA GOYA LENTEN RETREAT

M A R I N H E A D L A N D S

APRIL 5 - 7, 2019
GRADES 6-12
WWW.GOSFYOUTH.ORG



METROPOLIS OF
SAN FRANCISCO



BAY AREA GOYA LENTEN RETREAT 2019

April 5-7, 2019

NatureBridge Retreat Center, Sausalito, CA

Registration, Information, Liability Waiver and Permission Form

AGE REQUIREMENT

This retreat is for those currently in the 6th-12th grades.

REGISTRATION & DEADLINES

- REGISTRATION FEE: \$195
- LAST DAY TO REGISTER: All forms & payment must be postmarked by March 22
- PLEASE MAKE CHECKS PAYABLE TO: "Church of the Holy Cross"
- Please mail to: Church of the Holy Cross
c/o Fr. Tom Felactu
900 Alameda de las Pulgas
Belmont, CA 94002

REGISTRATION INFORMATION

Payment includes: 2 Nights lodging and all meals

CANCELLATION POLICY

We appreciate prompt notification if a teen must cancel. Refunds may be requested in writing and will only be granted if a replacement for the open spot is found, except in cases of family emergency.

COMPLETION GUARANTEE

- In order to ensure the registration of your teen(s), the following must be completed:
- Read, fill out, sign and send in the Registration, Liability Waiver and Permission Form, and Payment.
 - Be sure to include a copy, **front and back**, of your insurance card.

REGISTRATION FORM

TEEN INFORMATION

Teen's Name: _____ Birth Date: _____
Grade Level for 2018/19: _____ Gender: _____
Teen's E-mail: _____ T-Shirt Size: _____ (T-shirts in Adult size)
Allergies/Dietary Restrictions: _____

FAMILY INFORMATION*

*If you are sending more than one of your teens to the retreat, you only have to fill out the Family Information section just once on the oldest sibling's form.

Check box if Family Information below can be found on oldest sibling's form

Parish: _____
Name(s) of Parent(s)/Guardian(s): _____
Home Address: _____
Home Telephone: _____
Mom's Cell: _____ Dad's Cell: _____
Mom's Work #: _____ Dad's Work #: _____
Mom's E-mail: _____ Dad's E-mail: _____
Please indicate which Parent should be our primary contact: _____
Parent Marital Status: _____ Custody of Children (if applicable): _____

LIMITATIONS AND OTHER THINGS WE WOULD NEED TO KNOW

If teen has any limitations that may affect his/her participation in any activity, please list them below. Also, please let us know of anything else that you might think would be important for our leaders to know about (behavioral and emotional issues, painful or traumatic experiences that affect behavior, etc). If you prefer to talk to Fr. Tom directly about some of these issues, please do not hesitate.

EMERGENCY CONTACT INFORMATION

A) Parent/Guardian Emergency Contact Name and Telephone Numbers:
Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____

B) If "A" unavailable, Alternate Emergency Contact Name and Telephone Numbers:
Name: _____ Relationship: _____ Home Phone: _____
Cell Phone: _____

LIABILITY WAIVER AND PERMISSION FORM

Nature of the Youth Ministry Events: Youth Ministry events for the 2018-2019 calendar year are sponsored by **Greek Orthodox Church of the Holy Cross (Sponsor)**. Greek Orthodox Church of the Holy Cross is located in Belmont, California and is affiliated with the Greek Orthodox Archdiocese of America. By signing this waiver, you agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. If you have questions, please contact an attorney.

I understand that the nature of Youth Ministry events are both social and spiritual. Youth Ministry events will take place at a variety of locations throughout the year, including **but not limited to** Greek Orthodox Church of the Holy Cross. I give permission for my youth to participate in any carpools provided in order to attend any youth ministry events.

Nature of Risks: I understand that voluntarily traveling to and attending the various Youth Ministry events may involve certain risks beyond the reasonable control of the SPONSOR, its staff, directors, volunteers and agents in connection with the various Youth Ministry events, et al., and the Archdioceses and all parishes participating in it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with the Archdiocese et al., including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of and that Sponsor et al., and the Archdiocese et al. disclaim any and all responsibility for any such risks. If at any time during the various Youth Ministry events, attendees attempt to leave the event, they do so without the permission of the Sponsor, et al., and the Archdiocese et al., and will be subject to dismissal from participation in the event.

Waiver of Liability/Hold Harmless: By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. For value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Sponsor, et al., and the Archdiocese et al., with respect to any and all actions, claims or demands that may be made or brought on our Behalf against Sponsor, et al., and/or the Archdiocese et al. arising out of or in connection with my child's travel to or attendance at the camp, or any other activity my child may engage in while in transport there. Further, for value received, for any injury to third parties that may arise because of my child's actions or omissions, I agree to hold harmless and defend Sponsor, et al., and the Archdiocese et al., with respect to any and all actions, claims, expenses or demands arising there that may be made or brought against Sponsor, et al., and/or the Archdiocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

Media Waiver: We consent to the use by Sponsor, et al any videotape, photograph, slide, audiotape, or any other visual or audio reproduction in which my child may appear. I understand that these materials are being used for promotion of various Youth Ministry and Youth Ministry events by and for the Sponsor, et al. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff, volunteers, etc. of the Sponsor et al., and Archdiocese et al., from any liability connected with the use of my or my child's picture or voice recording as part of any of the above or similar activities.

Medical Permissions (Limited): As a condition attending the various events, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facility and/or during or after transportation to a hospital or doctor for emergency medical care. I further understand that it is not the responsibility of Sponsor, et al., and/or Archdiocese et al., to attempt to reach my child's emergency contacts and that I remain responsible for my child's medical expenses.

Medical Information

Pertinent information about allergies or health problems, present medication and dosage which your child may be taking and any other information that will enable the adult leaders to obtain safe medical treatment for your teen, must be included on the attached Student Medication Form. **This form will be kept for entire school year. Please notify us of any changes in medication.**

INSURANCE INFORMATION (*Please include a copy, front and back, of Insurance Card*)

Policy in the name of: _____

Insurance Company Name/Policy Number: _____

I fully understand the consequences of and sign this LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly.

I also agree to notify the Holy Cross Church Office of any contact, insurance or medical changes as they occur.

Signature of Parent or Guardian Date

Signature of Youth Date

TEEN MEDICATION FORM:

Teen Name: _____

- Does not take any medication Takes medications listed below

MEDICATION	DOSAGE	FREQUENCY	ADULT TO ADMINISTER

(If you need more space, please list rest on another sheet of paper and attach with this packet).

If your teen needs to have an adult administer his/her medication please indicate Yes or No in the table above.

YOUTH MINISTRY CODE OF CONDUCT

Youth Ministry participants agree to the following:

- Project an image of Orthodox Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior
- Refrain from inappropriate touching and/or verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Adhere to any stated curfew
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Report problems of any kind to a trusted adult member of the ministry team
- Always tell an adult leader where they are going, if they leave the main event area.

YOUTH Ministry participants agree to NOT:

- Possess weapons or fireworks of any kind
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs or tobacco products
- Engage in any form of sexual activity or Youth sexual harassment
- Use profanity, degrading language of any kind.
- Visit or gather in sleeping areas of the opposite gender
- Wear inappropriate clothing (ie: references to drugs, alcohol, profanity)

Parent/Guardian:

I agree to instruct my child to abide by all rules and regulations as outlined in the Participant Code of Conduct as outlined above. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from a Youth Ministry event and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from the Sponsor et. al., and/or Archdiocese et al.

Initials of Parent/Guardian: _____

Youth: As a participant in Youth Ministry events, I understand and agree to conform to both the Participant Code of Conduct. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from any youth ministry event and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, tobacco or weapons is cause for automatic dismissal from the present and/or future Youth Ministry event(s).

Youth Ministry Participants Initials: _____



BAY AREA GOYA LENTEN RETREAT 2019

PACKING LIST:

1. Clothes for warm and cool weather (Bring rain gear)
2. Warm jacket
3. Towel for shower
4. Flip flops for showers
5. Comfortable shoes and clothes
6. Closed-toe shoes for outdoors
7. Hiking shoes—it gets dirty so bring shoes you don't mind getting messy!
8. Long-sleeved shirt and long pants for hiking
9. Sweater
10. Socks
11. Church clothes for Friday night service and Sunday Liturgy
12. Undergarments
13. Rain coat/poncho (in case it rains)
14. Pajamas
15. Flashlight w/new batteries
16. Water Bottle!!!!
17. Toiletries (toothbrush/toothpaste, comb/brush, shampoo, conditioner, soap)
18. Sleeping Bag or blanket
19. Twin-fitted Bed sheet
20. Pillow and Pillow Case
21. Insect Repellent

DO NOT BRING THE FOLLOWING

1. Money
2. Inappropriate clothing (ie: references to drugs, alcohol, profanity, etc)
3. Cell phones and other electronics (ie: i-Pods, i-Touch's, i-Pads, MP3's, etc.)
4. Food/Snacks
5. Valuables
6. Weapons
7. Drugs/Alcohol/Cigarettes