

Directions for use of Medical and Covenant Forms

The Retreat Medical Information Form – Everyone (page 2 of this document set) is required by the Barbara C. Harris Camp for each person staying overnight at the camp. Please complete the information requested prior to arriving at the check-in desk at the camp.

The Diocesan Youth Event Community Covenant – Participant and Parent (page 3 of the document set) must be signed and dated by both the retreat participant and their parent or guardian prior to arriving at the camp and turned-in during the registration check-in process.

The Diocesan Youth Event Community Covenant – Adult Sponsors (page 4 of this document set) must be completed by each adult mentor/chaperone/sponsor attending the retreat prior to arriving at the registration check-in desk.

The Barbara C. Harris Camp and Conference Center Challenge Course Release of Liability and Consent Form – Participant and Parent (pages 5 and 6 of this document set) is required by the Barbara C. Harris Camp for each person participating in the challenge course. Please complete the information requested prior to arriving at the check-in desk at the camp.

Please print last name here _____

DIOCESAN YOUTH RETREAT

MEDICAL INFORMATION FORM

Date: _____

Name of Participant _____

Address _____

City _____ State ____ Zip _____

Male ___ Female ___ Grade in School _____

Home phone (_____) _____

E-mail address _____

Parish and City _____

Name of Parent / Guardian _____

Phone Number (_____) _____

Emergency Contact Name _____

Phone (_____) _____

Emergency Cell Phone (_____) _____

Insurance Carrier: _____

Policy #: _____

Please describe any medical conditions, allergies, medications, or special needs: _____

Please describe any learning challenges or factors we should be aware of concerning your child at this retreat: _____

Episcopal Diocese of Massachusetts
DIOCESAN YOUTH RETREAT
COMMUNITY COVENANT for
PARTICIPANTS and PARENTS

Participant Covenant

- ✓ I will be an active participant at this Diocesan Youth Retreat and will respect the dignity of the other participants.
- ✓ I will stay with the group at all times and respect the property of the Barbara C. Harris Camp & Conference Center.
- ✓ I know that the possession and/or use of tobacco, alcohol, and any medication not prescribed to me as well as any fireworks, firearms or any other type of weapon will result in me being sent home immediately.
- ✓ I know that males are not permitted to be in female cabins at any time, and females may not be in male cabins at any time.
- ✓ I will respect the property of others as if it were my own.
- ✓ I **will not** steal, borrow, or use anything that does not belong to me.
- ✓ I know that if I am in possession of any property that does not belong to me, I will be sent home immediately.

I make this covenant with my brothers and sisters in Christ and. I agree to abide by the above guidelines and consequences.

Participant Signature: _____

Participant Name: _____

Date: _____

PARENTAL COVENANT SUPPORT

- ✓ I, as parent or legal guardian of the above youth, give permission for him/her to attend this Diocesan Youth Retreat. I have read the above Community Covenant and understand that I will be contacted to arrange their transportation home if my son/daughter violates this Covenant.
- ✓ In the event of accident or illness, I grant Sam Gould, Director of Youth Ministries for the Episcopal Diocese of Massachusetts, or an adult leader designated by him, permission to obtain appropriate medical care for my child. I will be responsible for any expenses incurred in the process of obtaining that care.

I agree to support the above covenant and consequences.

PHOTOGRAPHY PERMISSION

In the course of diocesan youth retreats, pictures may be taken by diocesan staff or committee members. The Episcopal Diocese of Massachusetts has the right and permission to publish copyright and use pictures of those attending diocesan events. If you are unwilling for your son/daughter's photo or voice to be used for promotion of diocesan events, please let Sam Gould know prior to the event.

Note: It is the policy of The Episcopal Diocese of Massachusetts not to print the individual names of minors.

Parent Signature: _____

Parent Name: _____

Date: _____

Episcopal Diocese of Massachusetts
DIOCESAN YOUTH RETREAT
COMMUNITY COVENANT

Must be completed by each

ADULT SPONSOR

Adult Sponsor Covenant

- ✓ I will be an active participant at this Diocesan Youth retreat and I will respect the dignity of the other participants.
- ✓ I will stay with the group at all times and respect the property of the Barbara C. Harris Camp & Conference Center.
- ✓ I know that the possession and/or use of tobacco, alcohol, and any medication not prescribed to me as well as any fireworks, firearms or any other type of weapon will result in me being sent home immediately.
- ✓ I know that males are not permitted to be in female cabins at any time, and females may not be in male cabins at any time.
- ✓ I know that Adult sponsors are responsible for the safety and conduct of the youth. This includes keeping my assigned youth safe, on-time for all scheduled activities, and living within the Code of Conduct and the rules of the retreat facility.
- ✓ I know that the Adult to Youth Ratio may be no greater than 1 to 8 with an equal balance of male/female chaperones to supervise the male/female youth.
- ✓ I know that there is a "rule of 3" norm about how many people (adults/ youth) and agree to enforce it while I am at the Camp.
- ✓ I know that I should have completed Safe Church Training and must agree to abide by the policies stated in The Episcopal Diocese of Massachusetts' Safe Church Practices for Congregations dated June 2003.

I make this covenant with my brothers and sisters in Christ and I agree to abide by the above guidelines and consequences.

In the event of accident or illness, I grant Sam Gould, Director of Youth Ministries for the Episcopal Diocese of Massachusetts, or an adult leader designated by him, permission to obtain appropriate medical care. I will be responsible for any expenses incurred in the process of obtaining that care.

PHOTOGRAPHY PERMISSION

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Note: It is the policy of The Episcopal Diocese of Massachusetts not to print the individual names of minors.

Adult Sponsor Signature: _____

Print Name: _____

Date: _____

Barbara C. Harris Camp & Conference Center Challenge Course Release of Liability and Consent Form

Challenge course activities are exciting, challenging and both physically and mentally demanding. The challenge course programs provide goal-oriented activities that offer participants an opportunity to explore new behaviors related to trust, teamwork and leadership. These activities may include field games and challenge course elements constructed of rope, cable and wood including low elements a few feet high and high elements 10 to 30 feet high. Some activities may be stressful and possibly hazardous. Instructors who have been specifically trained in the operation and safe practices of challenge courses supervise all activities and participants are required to wear appropriate safety equipment. Our philosophy is Challenge by Choice, meaning that participants agree to choose their own level of challenge and agree not to be coerced by instructors or other participants.

The Barbara C. Harris Camp & Conference Center has taken precautions to provide well maintained elements, proper equipment and qualified instructors. It is impossible, however, to guarantee absolute safety. While it is the aim of the program and instructors to provide you with an enjoyable, educational and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in challenge course activities. You will receive instruction in safe practices and safety techniques related to all elements and activities and are responsible for following these instructions. Instructors may limit and/or terminate the participation of any individual who fails to follow established practices and safety techniques. Participants are advised to bring hazardous situations to the leader's attention.

Injuries can occur. By consenting to participation, you assume all risks incidental to use of the challenge course and activities, including the possibility of minor and serious injuries. Signing this form indicates your recognition and understanding of the responsibilities and hazards inherent in your participation on the course. You agree to assume all responsibilities and risks involved in the program, and for yourself and your heirs to release and hold harmless the Barbara C. Harris Camp & Conference Center, its officers and employees, from all claims and legal actions, whether for property damage, physical injury or otherwise, arising from your participation in the program.

Please confirm with your signature that you have read this information, that you understand your responsibility as a participant, and that you assume all risks incidental to the challenge course program. Also sign indicating you that you agree to follow instructions and directions given by your instructor, and that you will act with good judgment.

By signing you agree that you have provided accurate medical information on the reverse side and authorize the Barbara C. Harris Camp & Conference Center to provide you with and/or obtain for you emergency medical treatment in case of accident or illness while participating in challenge course activities.

Participant's Name (Please print)

Date

Participant's Signature

Parent or Guardian's Signature (If participant is under 18)

Barbara C. Harris Camp & Conference Center Challenge Course Medical Information Form

This form must be filled out completely to participate on the challenge course.

Participant's Name

Phone Number

Street Address

City

State

Zip Code

Name & phone number of a person to contact in case of emergency

Allergies: Do you have any allergies (bees, foods, drugs, etc.)? If so, what are they?

Medications: Are you currently taking any medications? If so, please list and indicate if you will have them with you on the challenge course.

Chronic Illnesses: Do you have any chronic illnesses (diabetes, asthma, epilepsy, etc.)? If so, please list.

Injuries: Have you recently or are you currently experiencing any injuries/illnesses (sprains, dislocations, etc.) that may limit or prevent you from participating in certain physical activities? If so, please describe.

Other Conditions: Are there any other conditions that might limit or prevent you from participating in certain physical activities? If so, please describe.