

Retreat Documents
Episcopal Diocese of Massachusetts

You will find:

- 1) Medical Information Form and Release (to be filled out and signed by parent/ guardian for EVERY Participant and Adult Mentor—we will NOT be able to have a child stay at a retreat without this form)**
- 2) Participant and Parent Covenant (This MUST be filled out and signed by both Youth Participant and their Parent/Guardian)**
- 3) Adult Mentor Covenant (filled out and signed by the Adult Mentor of a group)**

Episcopal Diocese of Massachusetts Youth Ministry Registration/Release Form

Diomass High School Retreat	2011 – 2012
Program Leaders:	Sam Gould, Adult Mentors, BCH Staff
Name of Participant:	
Address:	
City, State, ZIP:	
Home Phone:	
Grade, Age, Date of Birth:	
Parish and City:	
Name of Parent(s) or Guardian:	
Parent/ Guardian Cell Phone:	
Parent/Guardian E-mail:	

Medical Release Agreements:

1. I attest that I will not hold Sam Gould, Barbara C. Harris Camp Staff nor any of the adult leadership of the retreat, responsible for any liabilities, injuries, or other damages.
2. In the event that I cannot be reached in an emergency, I hereby authorize Sam Gould and other adult mentors to hospitalize, secure proper medical treatment for, and to order injection, anesthesia, or surgery for my child.
3. I agree to allow The Episcopal Diocese of Massachusetts and The Barbara C. Harris Camp and Conference Center to use images including my child in promotional materials.

Date:	Parent or Guardian's Signature:
Insurance Carrier:	Policy Number:

<p>My child has the following medical conditions, allergies, food restrictions, learning challenges, medications and/ or special needs:</p> <p>My child is NOT to take the following medications:</p>
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<p>In the event that I can not be reached in an emergency, please contact: (We will call you first. This serves as a backup if we can not reach you.)</p> <p>Name/ Relationship:</p> <p>Phone number:</p>
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**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 any tobacco product, alcohol, illegal drugs and/ or 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 understand that engagement in sexual activities is contrary to the focus and norms of the weekend and our collective time together.
- ✓ 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 Mentor

Adult Mentor 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, illegal drugs, 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 mentors 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.

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Adult Mentor Signature: _____

Print Name: _____

Date: _____