



2019 Winter Youth Retreat

February 8-9, 2019 at Christ the Saviour Church, Harrisburg, PA

w. Retreat Leader: *Steven Christoforou* of Y²AM & "Be the Bee"

Event Registration Form

Registration Information (please fill separate form for each child)

Student's Name: _____

Date of Birth: _____ Currently in Grade: _____

Home Address: _____

Parent/Guardian: _____

Email Address: _____

(best address to send updates in case of inclement weather)

Primary Phone: _____

(best number where the parent/guardian can be reached in case of emergency)

Emergency Contact: _____

Emergency Contact's Phone: _____

Home Parish: _____

Jurisdiction: _____

Medical Information

Please attach a photocopy of the applicant's medical insurance card, to be used in case of an emergency. Please list any medicines (with doses), allergies, or health conditions of concern:

My child may self-dispense his or her medicines during the event (if applicable, circle): YES NO

Does the applicant have any food allergies? _____

Check-Out Person to whom the participant should be released on **Sat, Feb 9th 2019** after Vespers (5pm)

Please **TURN OVER**, continued on Page 2

Guardian Permission/Release

I am the parent/legal guardian of the participant named on the previous page of this document. I hereby release and forever discharge the Orthodox Church in America (OCA), the Diocese of Eastern Pennsylvania (DOEPA), the Office of Young Adult Activities (OYAA), and Christ the Saviour Orthodox Church, Harrisburg, PA (CTS) and each and every one of their officers, directors, employees, volunteers, insurers, attorneys, or any other person(s) associated with them, from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by them relative to the health, sickness, and treatment of the participant. In the event that I cannot be reached in the case of an emergency, I do authorize a physician selected by the coordinators of this event to administer emergency treatment, including medication, diagnostic tests, surgery, or other medical intervention deemed necessary. I understand that the coordinators reserve the right to remove the participant from the event should said participant engage in any behavior deemed to be unacceptable, including the use or possession of illegal drugs or weapons, or participating in inappropriate sexual behavior. I also permit the participant to be photographed or filmed at this event with the knowledge that the resulting imagery may be used by the OCA, DOEPA, OYAA, CTS their assigns or successors, in whatever way they may desire, including newspaper, audiovisual productions, television, radio, internet, social media, and other public relations purposes. I, the undersigned, have read this release and understand all the terms. I execute it voluntarily on behalf of myself and the participant named above and with full knowledge of the significance to bind all persons. In witness whereof, I have signed this release on the date indicated below:

Guardian's Name: _____

Signature: _____

Date: _____ Relationship: _____

Please Enclose:

- This signed form
- \$40 fee p/family (cash or check). Checks payable to "Christ the Saviour Orthodox Church"
- A copy of the participant's health insurance card

Please Mail Forms to:

Christ the Saviour Orthodox Church, 5501 Old Locust Lane Harrisburg, PA 17109

Deadline:

Please mail your forms no later than **Feb 1, 2018**; note space is limited, we will be enrolling students on a first come, first serve basis.

Questions?

Call Fr. Stephen Vernak at 717-652-1825
or email pastor@ctshbg.org