

## Directions for use of Medical and Covenant Forms

*The Retreat Medical Information Form* (page 2 of this document set) – required of everyone—**Adult Participants and Youth Participants**—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 or Guardian* (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 Participants* (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.

**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: \_\_\_\_\_

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Please describe any learning challenges or factors we should be aware of concerning this participant at this retreat: \_\_\_\_\_

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

**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:** \_\_\_\_\_

**PARENT/GUARDIAN 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 H. Mark Smith, 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 H. Mark Smith 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 PARTICIPANT

#### 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, 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 H. Mark Smith, 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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**Adult Sponsor Signature:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_