



District Youth Retreat

for youth grades 6-12

Occohannock on the Bay Camp and Retreat Center, Belle Haven

October 14-16, 2011

Friday, October 14, 7pm thru Sunday, October 16, 10 am. Cost is \$55 per participant. Scholarships available. Register before October 1. For more information, call Karen Hatch, District Youth Coordinator at 757-414-0339; Rev. Peter Surran at 757-709-1480; the District UMC Office at 757-665-6295; or on the *Youth* page at www.easternshoredistrictumc.org

Parental Consent and Liability Release Form for the District Youth Retreat at OOTB

PARTICIPANT'S NAME _____ AGE _____ BIRTH DATE _____

ADDRESS _____

PHONE _____ E-MAIL _____ SCHOOL _____ GRADE _____

PARENT(S)/GUARDIAN NAME(S) _____

WORK PHONE(S)/ CELL PHONE(S) _____ / _____

TO WHOM IT MAY CONCERN: The undersigned do(es) hereby give permission for our (my) child(ren):

_____ ("Participant"), to attend and participate in the **Eastern Shore District Fall Youth Retreat "WE ARE THE BODY" at Camp Occohannock** sponsored by the **Eastern Shore District's Board of Laity, Youth Ministry Area of the United Methodist Church on October 14-16, 2011**. *Check-in is Friday night at 7 pm and pick-up is Sunday morning at 10 am at Occohannock on the Bay Camp and Retreat Center, 9403 Camp Lane, Belle Haven, VA 23306*

LIABILITY RELEASE: In consideration of **The Virginia Conference** allowing the Participant to participate in children or youth ministry activities, we (I), the undersigned, do hereby release, forever discharge and agree to hold harmless **The Virginia Conference**, its directors, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities. We (I) the parent(s) or legal guardian(s) of this Participant hereby grant our (my) permission for the Participant to participate fully in youth ministry activities, including trips away from the church premises.

Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

EARLY RETURN HOME POLICY: Should it be necessary for our (my) child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by **The Virginia Conference**. My child/youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

PHOTO RELEASE: I grant ___do not grant___ permission for my child to be photographed for possible inclusion in a publication or video.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

Medical Insurance: YES ___NO ___ Insurance Company: _____ Policy/Group# _____

Emergency Contact with Phone #'s in case parent/guardian cannot be reached _____

Allergies or Medical Conditions: _____

Permission to give Tylenol? YES ___ NO ___ Other medications? Please list any medications your child will need to take during the retreat and how often they need to be taken. Medications should be given to retreat staff upon arrival and an adult will maintain your child's' medication schedule.

MEDICATION: _____ INSTRUCTIONS: _____

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Additional medications with instructions on back page? Yes ___ No ___

COST: Registration and participation, including all expenses is **\$55**. Checks should be made payable to ESDUMC (Eastern Shore District UMC) and sent or faxed to P.O. Box 317, Parksley, VA 23421; FAX: 757-665-6295 (call 665-6295 first before you fax your document); or E-mail: esdumc@verizon.net

Contact: Connie Owens @ 757-665-6295, or District Youth Coordinator Karen Hatch @ 757-414-0339 with questions or scholarship inquiries. Registration deadline is OCT. 1. Early registration is strongly recommended as space is limited. **Check here if you want to ___Climb the Rock Wall and ___Canoe or Kayak. (Or, do both!)**