Winter Retreat 2012 ❁ Registration Form

February 3-5, 2012 ❁ Fatima Renewal Center ❁ Dalton, PA

Student's Name: _____

Home Address: _____

_____

Home Parish: _____

Date of Birth: _____

Parent/Guardian: _____

Email Address: _____

Primary Phone: _____
(best number to be reached in case of emergency)

Emergency Contact: _____

Emergency Contact's Phone: _____

Medical Information

Please attach a photocopy of the applicant's medical insurance card, to be used in case of an emergency. Your registration will not be considered complete without this information.

Please list medicines (with doses), allergies, or health conditions:

_____

_____

_____

_____

_____

Guardian Permission/Release

I am the parent/legal guardian of the participant named above. I hereby release the Orthodox Church in America, the Diocese of Eastern Pennsylvania, the Office of Young Adult Activities, and their employees and volunteers from any liability for all personal injuries known or unknown that the youth may incur due to reasons unrelated, but not limited to negligence by participating in activities conducted, sponsored, or associated with the event stated. 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 posession of illegal drugs or weapons, or participating in inappropriate sexual behavior. I also permit the participant to be photographed with the knowledge that the resulting imagery may be used in future advertisements for Diocesan events and activities. 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:

Please Send Forms To:

Ms. Kimberly Metz
P.O. Box 2501
Warminster, PA 18974

Checks should be made payable to the Diocese of Eastern PA. **Form and $100 tuition fee are due postmarked by Friday, Jan. 20, 2012**. No refunds can be given after Friday, January 27, 2012.

For more information, e-mail retreat@ocayouth.org. or call Kim at 610-554-1079.

Guardian's Name: _____

Relationship: _____

Signature: _____

Date: _____

Person to whom my child may be released on Sunday, Feb. 5, 2012:

_____

(We will not release any child under 18 to any person who is not listed on this form.)

Office Use Only:

☐ *Postmark Date:* _____

☐ *Confirmation Mail Date:* _____