



**Episcopal Diocese of Rochester
ROC the Diocese Retreat 2016 Registration**

Instructions: Please complete the registration and sign.

Registration Deadline: March 31, 2016

Event Date: April 15-17, 2016

Please mail this packet to: Episcopal Diocese of Rochester
935 East Avenue
Rochester, NY 14607
Attn. ROC the Diocese

Fee: \$100, due with registration. Please pay now through Eventbrite (<http://bit.ly/1PDmNYE>) using a credit card, or send your payment with this form to the above address.

Cost sharing between families and parishes is suggested. For scholarship information, please contact Keisha Stokes (585-880-0134 / youth@episcopaldioceseofrochester.org). Please note that in the event that you cannot come to the retreat, a full refund will be available.

Personal Information:

Name: _____ Nickname: _____

Address: _____

City / State / Zip: _____

Gender: _____ Date of birth: _____ Grade: _____

Your E-mail: _____ Parent's E-mail: _____

Your Phone (optional): _____ Is it okay to text? _____

Parent's Phone: _____ Is it okay to text? _____

Congregation: _____

Congregation Address: _____

City / State / Zip: _____

I am interested in a possible carpool to/from the retreat: Yes No

Medical Information:

Is there any medical condition we need to be aware of?

Any allergies to foods, drugs, etc.?

Any physical conditions that may limit participation in any activities?

Any special dietary needs or restrictions? Substitution suggestions?

Under a doctor's care? If so please describe:

Any prescribed medical treatment or drugs to be taken during the retreat? Please describe:

Other health concerns? Please describe:

Family Physician's Name: _____ Phone: _____

Medical Insurance Carrier: _____

Policy / ID Number: _____

In Emergency, Notify: _____ Phone: _____

Other concerns or comments? Please describe:

Candidate Application

In which kind of situations do you feel most comfortable?

In which kind of situations do you feel least comfortable?

Write a brief statement of your desire to be attend this retreat:

Permission:

I give my permission for _____ to attend Roc the Diocese, a youth retreat sponsored by the Episcopal Diocese of Rochester. In the case of an emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby authorize any necessary emergency medical care, and agree to pay all charges connected with such treatment, not covered by insurance.

I also ____ do ____ do not give permission to photograph and record those named above and to use the images and sound in promotional materials/media for the diocese.

Signature of Youth: _____ **Date:** _____

Signature of Parent / Guardian: _____ **Relationship:** _____

YOUTH COMMUNITY NORMS CONTRACT

"I'm absolutely convinced that nothing—nothing living or dead, angelic or demonic, today or tomorrow, high or low, thinkable or unthinkable—absolutely nothing can get between us and God's love because of the way that Jesus our Master has embraced us." (Romans 8:38-39, The Message)

In order to promote healthy, loving and inclusive Christian community during our times together, the following norms have been developed for youth events:

1. All participants will abstain from the use or possession of tobacco products, illegal drugs and alcohol.
2. Electronic devices such as cell phones, iPods, or hand-held games are not permitted.
3. Any interpersonal conflict among participants will be managed and resolved without use of violence. No knives or other weapons will be brought to our events. All participants agree to treat others with respect and kindness at all times.
4. All participants agree to abstain from all sexual activity during our times together, which includes all activity that marks individuals as a couple, such as kissing or hand-holding.
5. As a community we are committed to affirming the dignity of every person, and so discriminatory behavior based on race, color, ethnicity, ancestry, gender, sexual orientation, social class, physical ability, physical appearance or other personal attributes is not welcome among us.
6. All participants are required to remain on site with advisors until the conclusion of the program when authorized transportation is available.

My parent(s) or guardian(s) and I have read and understand the norms listed above, and I agree to live by them during this event. I understand that if I refuse to abide by these norms, I may be sent home from this event. Parent(s) or guardian(s) will be responsible for transporting participants' home in the event of such a problem.

Signature of Youth: _____ **Date:** _____

Signature of Parent / Guardian: _____ **Relationship:** _____

If you have any questions or concerns, please contact Keisha Stokes.