

Youth Mission Experience: Missionpalooza! Serving God in Each Other
Cooperational effort by St. Thomas, Rochester; Christ Church, Pittsford, and St. Paul's, Rochester on behalf of the Episcopal Churches in the Rochester and Monroe County Districts.

**July 31st – August 3rd Mission work with optional
August 4th celebration trip to Seabreeze
Registration Forms**

Instructions: Please complete registration form and sign
Submit to your church or Congregational Youth Leader

Registration Due: July 1st, 2017

Fee: No cost except for providing own food August 4th at Seabreeze

Personal Information:

Name: _____ **Preferred Name:** _____

Address: _____

City/State/Zip: _____

Gender: _____ **Birthdate:** _____ **Entering Grade:** _____

Your email: _____ **Parent's email(s):** _____

Your phone: (____) _____ **OK to text?** _____

Parent's Phone:(____) _____ **OK to text?** _____

Secondary Contact Name: _____

Secondary Phone: (____) _____ **OK to text?** _____

Congregation and address: _____

City/State/Zip: _____

Planning to attend Seabreeze trip on August 4th? _____ **Yes or** _____ **No**

T-Shirt Size: _____

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? Suggestions for substitutions?

Is the person under a doctor's care for an existing condition? Please describe.

Any prescribed medical treatment or drugs to be taken during the hours of Missionpalooza?
Please provide instructions (dosage, frequency, with food or drink, etc.).

Other health concerns for leadership to be aware of? Please describe:

Physician's Name: _____ **Phone:** (____)_____

Insurance Carrier: _____

Policy/ID Number: _____

(Please also attach copy of both sides of Insurance Card)

Emergency Contact: _____ **Phone:** (____)_____

Relationship to Youth: _____

Additional concerns or comments:

Permission:

I give my permission for _____ to attend Missionpalooza, youth mission work sponsored by the said parishes. In the case of 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 further give permission for those named above to ride in any vehicle driven by and approved by ADULT chaperone while attending and participating in Missionpalooza. My youth and I understand that seat belts shall be worn AT ALL TIMES during transportation.

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 Parent/Guardian: _____ **Date:** _____

Relationship to Youth: _____

For questions, please contact:

The Rev. Christa Moore-Levesque
St. Thomas Episcopal Church
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585-442-3544

The Rev. Jay Burkardt
St. Paul's Episcopal Church
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585-271-2240

The Rev. Ron Young
Christ Church, Pittsford
ronald@christchurchpittsford.org
585-586-1226

Youth Community Norms Contract

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

- All participants will abstain from the use or possession of tobacco products, illegal drugs, and alcohol.
- Use of electronic devices such as cell phones, iPods, or hand-held games is restricted during program hours to family emergencies.
- 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.
- 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.
- 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.
- All participants are required to remain on sites with advisors until the conclusion of the program day 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: _____ **Date:** _____

Relationship to Youth: _____