

*Please fill out both sides completely**

DIOCESE OF TEXAS INTERMEDIATE RETREAT
February 25-27, 2011
CAMP ALLEN, NAVASOTA, TEXAS

Participant's Name _____
Goes by (name) _____ Male _____ Female _____
DOB _____ Age _____ Grade _____
T-shirt: Child Size S M L XL XXL
Adult Size S M L XL XXL

Church Name & City _____
Home Address _____
City _____ Zip _____
Home Ph.# _____
Email _____
Parent/Guardian Work Ph _____
Parent/Guardian Cell Ph _____
If unavailable in emergency, notify _____
Ph# _____

Allergies and reaction _____

Special dietary needs _____

Medications sent with participant _____

Does your child have any special needs?

Note: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physicians name on label. Over-the-counter medications must be in original container and have dosage information clearly printed on container. The event nurse will keep and distribute all medications during the event.

Please notify the event coordinator or nurse if this participant has been exposed to any communicable disease within the 3 weeks prior to this event. Participants will NOT be allowed to attend if they arrive at the event ill.

Are there any over the counter medications that the participant **should not** receive if any minor symptoms develop? (i.e. Tylenol, Advil, Kaopectate, etc.)

Insurance Co. _____
Policy # _____
Group# _____
Insurance Co. Ph# _____

(please include a copy of both sides of insurance card with registration form)

The Episcopal Diocese of Texas
1225 Texas Avenue
Houston, TX 77002



...in Christ

Episcopal Diocese
of Texas
Intermediate Retreat
February 25-27, 2011
4th - 6th grades
Camp Allen
Navasota, TX

The 2011 Intermediate Retreat

"I pray also that the **eyes of your heart** may be enlightened in order that you may **know the hope** to which he has called you, the riches of **his glorious inheritance** in the saints, and **his incomparably great power for us who believe**. That power is like the working of his mighty strength, "
Ephesians 1:18—19 (NIV)

What: The intermediate retreat at Camp Allen. It is a time for you to break free in the middle of the year to relax, play, worship, laugh, and draw near to God.

Who: All 4th-6th Graders

When: 7 p.m., Friday, February 25 - 11:30 a.m., February 27

Where: Camp Allen, Navasota, TX, at Campsite 2

Cost: \$75.00 (includes lodging, meals and a t-shirt!)

What to bring: Your Bible, sleeping bag (or sheets and blanket) and pillow, towel, bathroom stuff (like your toothbrush), comfortable clothes and closed-toe shoes (sneakers), plus don't forget your good attitude.

Scholarships for one-third of the registration fee (\$25) are available.

Simply write "scholarship needed" on the registration form.

**THE POSTMARKED REGISTRATION DEADLINE IS
FRIDAY, FEBRUARY 11**

Make checks payable to "Episcopal Diocese of Texas" or "EDOT"

Mail registration forms to:

Intermediate Retreat

c/o Division of Youth

The Episcopal Diocese of Texas

1225 Texas Avenue

Houston, TX 77002

Important Parent Information: Please read the permission and medical release portions of this form carefully **before** signing. Please drop your children off at **Campsite 2** at 7 p.m. on Friday, February 25 and pick them up by 11:30 a.m. on Sunday, February 27. **Check-in will not begin before 7pm pm Friday. Children should have dinner before arriving.** Camp Allen is located in the piney woods of Navasota, TX. Directions to Camp Allen can be found at <http://campallen.org/directions/>.

This event is joyfully brought to you by the Division of Youth. Please contact the Division of Youth (713.520.6444) with any questions you may have.

The Diocese of Texas Division of Youth events are open to *all* youth regardless of race, ethnic background, gender, disability or socio-economic status. The Division of Youth provides scholarships for all events and is committed to eliminating financial obstacles that may prevent youth from attending events. For more information, please contact the Division of Youth at 713.520.6444.

Permission and Release

In signing this document, I hereby certify that I give permission to my child to participate in this event sponsored by the Episcopal Diocese of Texas.

I represent that my child is healthy and capable of participating in said event without causing risk of danger, illness or accident to him/herself, or to others.

I understand that pictures and videos may be taken at this event. I hereby give permission for the use of such pictures and videos to be used for the promotion of Division of Youth events.

I agree to hold harmless the leaders of my church, the leaders of other churches involved, the event coordinators, the Bishop of Texas and the Diocese of Texas in the event of any accident or injury.

In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

I understand that the terms herein are contractual and not a mere recital.

Child's name (print) _____

Custodial Parent or Legal Guardian Signature:

_____ Date _____

Custodial Parent or Legal Guardian Name (print)

Please fill out both sides of this form completely.