
ST. DAVID'S ANGLICAN SUMMER YOUTH RETREAT

INFORMATION & REGISTRATION FORM

JUNE 20-25, 2010

The Summer Youth Retreat gathers members and friends from parishes throughout the Anglican Province of Christ the King's Diocese of the Western States for a five-day program. We start our days with Morning Prayer and Holy Communion in a beautiful outdoor setting. After breakfast, we gather for instruction from the Bible to learn more about the Christian Faith in the Anglican tradition. Afternoons are given to outdoor recreation: swimming, hiking, volleyball, basketball, and other activities. We also take day trips to the surrounding areas. After dinner, we gather for Evening Prayer, and then entertain one another near the campfire with charades, skits and talent night.

Sunday, June 20, 2010, 5:00 PM: Registration

Friday, June 25, 2010, 10:30 AM: Camp closes

Campers are challenged to grow spiritually, physically, emotionally, and socially. Opportunities abound for making new friends and meeting people from all over, learning leadership skills, taking responsibility for oneself, others, God's world *and* having lots of fun!

Staff and Counselors

Counselors are a group of carefully selected individuals of college age or older who desire and demonstrate the ability to serve as Christian role models for retreatants. They are chosen for their maturity and experience in working with teenagers and youth. Qualified and trained staff members direct pool and program areas.

Age Restrictions

Summer Camp is open to youth in the 7th through 12th grades. Counselors (those of college age) are also welcome to apply. Please contact Retreat Director, Fr. Robert Davis for complete information.

How to Register

1. Type or carefully print all information on the **Registration Form**. *Note:* Register only one camper per application. Additional applications are readily available from Fr. Davis. Applications may be duplicated for additional registrations.

2. Have a parent or guardian sign the statement on the back of the Registration Form. Incomplete applications will be returned and cannot be processed until properly completed.

3. Mail the completed Registration Form, together with your check payable to Diocese of the Western States (with "Youth Retreat" in the memo line) to: →

Diocese of the Western States
2725 Sacramento Street
San Francisco, CA 94115

Fees

\$300.00 per person. Scholarships are available based upon need, and applications will be kept confidential. Please contact Fr. Davis at (425) 885-1290 for details.

Cancellation & Refunds

If a camper withdraws their registration and written notice is received seven days prior to the start of the camp program, a full refund will be made. If a retreatant must leave camp because of illness or injury, the refund will be pro-rated on a per diem basis. No other refunds will be given. If a camper leaves early due to homesickness or parent request, no refund will be made.

Program Cancellation

The Diocese of the Western States reserves the right to cancel the program due to extenuating circumstances. Should the program be canceled in its entirety, a full refund will be made to enrolled individuals.

Deadline

For insurance purposes, the owners of the camp must have an accurate count of those attending before we arrive. Therefore, applications (with health information and signature of parent or guardian) and camp fees must be received by the Director not later than **June 1, 2010**. The clergy, counselors and staff will do everything possible to help campers adjust to camp life. However, the Youth Retreat reserves the right to send home anyone who exhibits inappropriate behavior. In this event, the camper's parent or guardian is responsible for picking up the camper from camp; **and no refund will be made.**

Transportation

This year's camp will be held at The Community of the Great Commission camp, which is about 1½ hours from Sacramento. The camp address and phone number are:

Community of the Great Commission
30303 Chicken Hawk Road
Foresthill, CA 95631
Camp Office Phone: (530) 367-2370

Retreatants are responsible for their own transportation to and from the camp. Local parishes may be contacted for carpooling and help with travel expenses. Anyone coming to California by airplane should plan to arrive at the Sacramento International Airport (SMF). Oakland International (OAK) and San Francisco International (SFO) are roughly one hour, forty-five minutes southwest of Sacramento.

Danger Disclosure

While the Summer Youth Retreat program is generally quiet, retreatants may participate voluntarily in sporting activities including field games such as Ultimate Frisbee, Soccer, Capture the Flag, and court games such as basketball and volleyball. Even though these are "non-contact" sports, they have inherent risks from fall or collision ranging from pulled muscles to broken bones and even death. Retreatants may also go swimming in the swimming pool or in Blair Lake Reservoir. Swimming involves the obvious risk of drowning. Retreatants may also elect to go hiking, which presents the possible risk of injury from falling or exposure. →

While we are prudent and have never had a serious injury among our retreatants, we feel it important to inform you of these risks. We ask that, if you do not want your child to participate in any of the physical activities at camp, you notify us prior to the beginning of the camp program.

What to Bring from Home

1. *Bible* and *Book of Common Prayer* (We have extras in case you need them).
2. Sleeping bag, pillow and possibly a sheet to cover mattress (the camp does not provide these).
3. Coat, hat and other warm clothing (it can get cold at night).
4. Tennis shoes, hiking shoes, old shoes for lake &/ or creek, socks.
5. Trousers &/ or jeans, shirts, shorts, swimsuit.
6. Soap, shampoo, towel, deodorant, comb or brush, toothbrush, toothpaste, necessary personal items.
7. Sunscreen, lotion, insect repellent.
8. Musical instrument.
9. Flashlight.
10. Any medicine or prescriptions (if necessary).

Do not bring any food items, candy, or drinks. VIDEO GAMES, GAMING CONSOLES, IPODS, IPADS, MP3 PLAYERS & PERSONAL STEREOs, DVD PLAYERS, PDAs, AND CELL PHONES MAY NOT BE BROUGHT TO THE RETREAT.

SUMMER YOUTH RETREAT REGISTRATION FORM

Last name: _____

First name: _____

Birth date: _____ Male Female

Age (arrival at camp) _____

Street address: _____

City: _____

State: _____ Zip Code: _____

Telephone: () _____ Cell phone: () _____

E-mail: _____

Parish: _____

School: _____

Name of parent or guardian:

In case of emergency, notify:

Name: _____

Day phone: () _____

Night phone: () _____

--or--

Name: _____

Day phone: () _____

Night phone: () _____

Address (if different from camper):

Health Information

Immunizations (dates):

Tetanus: _____ Booster: _____

Allergy problems? (If so, please explain)

Reactions to any drugs? (Explain)

Dietary modifications:

Current medications:

Special information:

Health Insurance Company: _____

Policy No.: _____

Note: No medication (prescription or over-the-counter) will be administered unless the parent or guardian provides (1) The medication in the original container, and (2) A written authorization with dosage instructions.

Parent/Guardian Statement

I acknowledge that I have read this form entirely, including the Danger Disclosure, and understand its contents. I give my permission for the registered person to attend the Diocese of the Western States Summer Camp. To the best of my knowledge and belief, this person is healthy and fit for an active camp program, and all information contained on the registration form is correct.

I have read the Danger Disclosure outlined in the brochure and agree not to hold the Summer Camp of the Diocese of the Western States, its Director and/or Staff liable for any accident, injury, and/or damage that occurs excepting those caused by their gross negligence.

In the event of a medical emergency, I understand that every effort will be made to contact a responsible parent or guardian of this person after immediate medical needs have been met.

I hereby give permission to the Diocese of the Western States Summer Camp Directors and attending Physician, who may select to secure proper medical treatment, to hospitalize and/or to order any injection(s), anesthesia, medications or operations that may be urgently needed and necessary for this person. I will not hold the Diocese of the Western States Summer Camp Directors and/ or staff liable for any emergency treatment given.

Signature: _____ Date: _____

Relationship to camper: _____