



THE EPISCOPAL DIOCESE OF VIRGINIA

Parish Youth Ministries Sr. High Weekend Registration Form
November 7-9, 2014, Shrine Mont, Orkney Springs
Adults and youth must register.

Please give this form to your youth leader/chaperone with the check. Youth must be accompanied by an adult.

Name: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Church name and location: _____

Home phone: _____

Date of birth: _____

Gender: _____ T-shirt size: (Please Check) small medium large

Any special physical or dietary needs: _____

Name and email address of accompanying adult: **(REQUIRED*)** _____

**Please be sure to be in contact with your youth leader/chaperone throughout the application process so he/she knows who to expect. DO NOT submit this form directly to the Christian Formation office without speaking to your youth leader/chaperone first. The best course of action is to submit this form to your youth leader/chaperone who will then in turn submit it to the Christian Formation Office.*

Make check payable to the Diocese of Virginia. Enclose a \$50 non-refundable deposit per participant and mail to: The Diocese of Virginia
Attn: Christian Formation Office c/o Meg Schwarz
110 West Franklin St.
Richmond, VA, 23220-5095.

The weekend is \$150 for ALL participants, both adult and youth. Scholarships are available as needed. Registration will be cut off on Wednesday the week of the event. If you are registering after this date, contact the Christian Formation Office directly.

FOR CHRIST. FOR THIS TIME. FOR ALL TIME.





Adult Advisors: Please send the cover letter with the list of the youth for whom you will be responsible at this event along with your registration.

Parents/Guardians: I understand that the Diocese will sometimes record images, sound or video of diocesan events for use in marketing and promotional material, and on Web sites owned by the Diocese. Last names are not printed in conjunction with photos of youth. If you do NOT want such images published of your child, please indicate by checking this box. []

Medical Release Form for Minors

To be printed out and signed.

I hereby give my permission for my child to attend the Diocese of Virginia's PYM weekend at Shrine Mont, and in the event of an accident or illness, to receive emergency medical treatment as deemed necessary by a licensed physician.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Contact Numbers:

home _____ cell _____

work _____

Insurance company and policy number: _____

Emergency Contact Name: _____

Emergency Contact Numbers:

home _____ cell _____

work _____

Please list any allergies or medical concerns below:

