

2017 Episcopal Outreach Camp
Love God. Love your Neighbor. Love God. Redux.
(a collaborative mission effort of the Charlotte area Episcopal Church Youth Ministers)
Information & Registration Form

What: Episcopal Outreach Camp (EOC) is a 23 year-old service-oriented overnight "mission" camp conceived of and produced by **the Youth Ministers of the Episcopal churches in the Charlotte Convocation**. Middle schoolers from TEN Episcopal churches in this Convocation will spend **3 nights & 3-1/4 days** giving time & talent in service to others, in worship and Bible study, and fellowship and fun. We shower at local YMCA's, eat meals together at St. Martin's or at work sites. Our fellowship will be nurtured during our mission work and during evening fun activities and a swim party at Lake Norman. The fee for this local middle-school mission-camp is \$100 per person. This includes all meals, snacks, transportation, all activities, a T-shirt & supplies for service projects (lodging is provided at no charge by our host church, **St. Martin's Episcopal Church, 1501 7th St.** Scholarships available from your church as needed, through your Youth Minister.

Who: For **Rising 6th, 7th, 8th & 9th Graders** in the Charlotte Convocation of Episcopal Churches.

When: Sunday, Monday, Tuesday, & Wednesday, August 6 - 8, 2014. Camp begins with **registration on Sunday at 5 pm 8/6** and **ends with pick-up at 4:30 pm on Wed 8/8 at St. Martin's**.

Where: Camp base is **St. Martin's Episcopal Church, 1501 7th St, 28204** and various work and fun sites, including the home of a St. Patrick's parishioner (on Lake Norman).

How: **Fill out & return bottom of this form to the Youth Minister at your church, with your Community Covenant, + Medical Form. Please include \$95 payment check made out to your church.** Once registered, your Youth Leader will provide you with a packing list and other directions. Forms are due as soon as possible, by June 15, 2013 or until Camp is full (we have space for 52 campers). If camp fills, we will create a wait list. (Register as early as possible to assure your space & for our planning). ***Any Questions? E-mail or call your Youth Minister.**

Registration form is below. Cut off below this line and return to YOUR Youth Minister as noted above.
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Camper Name _____

Phone Number _____ T-shirt size (circle) *Youth:* YL YXL *Adult:* L M L XL XXL

Address _____

E-mail Address (checked regularly) _____

Grade (next school year) _____ Your church _____

****Parents, if you can help prepare a meal, please circle one - (we especially need help on Sunday evening & at breakfast!)**

Sunday dinner AND/OR Breakfast: Wed

Parent name, e-mail & phone # if you can help: _____

2017 Episcopal Outreach Camp Community Covenant
Love God. Love your Neighbor. Change the World. Redux.

The purposes of this church-sponsored, partially funded event is to provide me and my youth group an environment for community building, outreach, communal worship & fun. In order for these things to occur:

I agree that it is NOT ACCEPTABLE for me to:

1. Engage in *sexual* contact, conduct, or behavior
2. Use, possess, or be under the influence of TOBACCO, ALCOHOL, ILLEGAL OR PRESCRIBED (to others) DRUGS;
3. Commit acts of theft or violence;
4. Enter the sleeping areas of the opposite gender during sleep or sleep-prep time;
5. Leave the established boundaries or spaces designated for use; If necessary to leave the group, I *will get permission from a leader & will take a minimum of two other people with me (for safety);*
6. Consume “energy” drinks (Red Bull, Monster, etc.) because they are not healthy for my body.

And, I agree TO DO the following:

1. Respect and follow all schedules **and curfews especially mealtimes, worship and work times;**
2. Participate FULLY in all activities: work, fun & clean-up, etc., striving to be a vital member of the Community;
3. Act in a manner that reflects positively upon this Youth Community and my church;
4. Follow safety procedures set by the organizers responsible for the safety of all group members.
5. I will treat ALL group members with dignity & respect at all times, and I will refrain from any type of bullying during and after the event, including physical, emotional or verbal bullying.
6. Respect the property of all places I work, play, sleep and eat during this event.
7. Use my cell phone **only** for photos, listening to music or emergencies. I agree that my phone removes me from the group. *(Frequent calls home can inflame homesickness & prevents teens from learning to manage on their own).*
8. I will listen to music **ONLY at night before bed and/or in the van (leaders designate appropriate, non-community times).** *EOC volunteers & staff are not responsible for theft, loss or damage of my personal property. I understand am responsible for my property **at all times.***

A violation of this covenant is a violation of the Community. The **ultimate consequence** of breaking the Covenant is that the violator **may** be required to leave the event at parents’ cost.

I also agree to allow photos taken by staff & leaders at youth events to be used by EOC and participating churches for promotion of both the camp & the youth groups, and to share with members of the group in lawful ways, on social and print media by EOC staff and approved volunteers for dissemination of information and “advertising.”

My signature confirms that I have read, understand & agree to abide by ALL of the standards in this Covenant.

Participant’s Signature _____ **Date** _____

Participant’s PRINTED Name _____

As Parent or Legal Guardian, I agree that I have discussed this Covenant with my teen. Should the adult leadership group find it necessary for him/her to leave this event, I agree that I am responsible for arranging and paying for his/her return transportation *immediately.*

Parent or Legal Guardian Signature _____ **Date** _____

Parent/Guardian PRINTED Name _____

Please return to your youth minister (ok to return electronically-scan & save with signatures) with Medical Info/Release, deposit or payment & registration form.

2017 Episcopal Outreach Camp

Medical Information & Release Form

The Undersigned parent or legal guardian of _____, a minor child, does hereby grant permission for the said child to engage in ALL of the various activities sponsored by the Episcopal Outreach Camp, including, but not limited to travel in church and/or personal vans or automobiles, swimming (with certified lifeguards in attendance), attendance at all related group activities (as outlined in the schedule) and general participation in any & all activities sponsored by or associated with Episcopal Outreach Camp. All activities will be supervised by lay and professional youth leaders with the appropriate Diocesan youth/adult ratio. By signing this authorization, I am absolving the sponsoring churches and the adult advisors from any and all liability, knowing that they will make the best decisions possible for each camper at all times.

This consent also includes specific permission hereby granted to the adult supervisors and leaders of Episcopal Outreach Camp to make medical decisions with respect to the said minor child in the event of accident or injury when parental consent shall be unavailable or when circumstances shall require immediate medical decisions to save the life of the camper, and to administer medication if required. Dated this _____ day of _____ in the year _____.

Signature AND printed name of Parent or Legal Guardian

Telephone numbers for parent(s) during camp, including cell, work and home.

Emergency contact (name & numbers) in the event parent(s) or guardian cannot be reached.

Medical Insurance Information (Please attach a photocopy of your Insurance Card)

Insurance Company _____

Policy Number _____

1. Does your teen have any medical concerns, regular medications, allergies, etc. that we should be aware of and/or assist with?

2. Is it permissible to give your teen over-the-counter medications, such as aspirin, Tylenol, Motrin or cough suppressants, allergy relief medicine, sunburn relief medicines, etc. **with** his/her consent, if necessary? (please circle one) YES NO

3. Are there **over-the-counter medicines** that **should NOT** be administered to your teen? YES NO If YES, please list:

4. We will be swimming at the home of a St. Patrick's church family on Lake Norman. We will employ the appropriate number of certified lifeguards at all times. Please let us know the level of comfort your middle schooler will have with this activity, please circle one:

NO- my child should NOT swim YES-but, my child has very limited swimming abilities YES-my child can swim well

(New: All campers will be required to wear life preservers while in the lake, at the request of the homeowner)

Please return this to your Youth Minister with your Community Covenant, registration form & payment.