



General Convention Youth Program 2009

The General Convention 2009 Youth Program, **July 9-12, 2009** is open to all students in grades 7-12 and accompanying sponsors. The program will include:

- **Educational program** designed to introduce students to the work of the General Convention and provide a basic overview of the Episcopal Church. This element of the program will include a dialogue ***with one or more of the visiting Anglican Primates*** from outside of the United States.
- **Access to the General Convention** including the exhibit hall and the fabulous Sunday Morning Celebration of the Eucharist.
- Participation in **Habitat for Humanity** construction projects in Southern California... and one home that will be under construction ***at the Anaheim Convention Center!*** Youth Program participants will have the opportunity to hear about the work of Habitat from **Jonathan Reckford, CEO of Habitat for Humanity International**
- **Evening celebrations and fun times on the campus of UC Irvine.** These evenings will include great music, inspiring worship, and activities designed to make new friends from around the Episcopal world.
- Admission to **Episcopal Youth Night at DISNEYLAND!**

Two options for participation are available:

- ***Full participation*** in the General Convention Youth Program (see above) ***including 4 nights and 10 meals on the campus of UC Irvine.*** Transportation to and from UC Irvine, Habitat project sites, and the Anaheim Convention Center is included.

Registration: \$525.00 (if registered by May 30, 2009. \$575.00 after May 30, 2009)

- ***Full participation*** in the General Convention Youth Program (see above) including 3 lunches. ***Lodging and other meals arranged on your own.*** Transportation to and from Habitat project sites, and activities held at UC Irvine included.

Registration: \$195.00 (if registered by May 30, 2009. \$245.00 after May 30, 2009)

Questions can be directed to:

The Rev. Michael Archer, General Convention Youth Program Coordinator
Phone: (714) 962-7512
Email: michaeld1104@sbcglobal.net

General Convention Youth Program 2009

We are happy to work with you, your family, and your youth group during the upcoming General Convention in Anaheim. The General Convention Youth Program is open to students in grades 7-12. The Habitat for Humanity elements of the program will differ slightly for students under the age of 16, but all students will have the opportunity to participate in this exciting mission project.

In order to better serve you we ask that you complete the checklist below of the forms needed for the Youth Program. Please make sure they are filled out completely and then sent to:

The Episcopal Diocese of L.A.
840 Echo Park
Los Angeles, CA 90026
Attention: General Convention Youth Program

A ratio of 1 adult for every 8 students is required. If you are an adult sponsor accompanying students to the General Convention Youth Program, please contact the General Convention Youth Coordinator directly for registration information.

Please direct inquiries to:

The Rev. Michael Archer, General Convention Youth Coordinator
Phone: (714) 962-7512
Email: michaeld1104@sbcglobal.net

Checks should be made out to: Episcopal Diocese of Los Angeles. On the memo line, please write: GC Convention Program – Youth

Youth Program Registration Form
Media Release form
Parental Affirmation
Waiver and Release
Medical Consent
Medication Form
Field Trip Form
Electronic Device Release
Health History

YOUTH PROGRAM ENROLLMENT FORM

Full Name of Youth: _____

Age: _____ Grade in Fall: _____ Birthdate: ____/____/____

Home Address:

Street

City/State/Zip

Email: _____

Home Phone: _____ Cell Phone: _____

Sponsoring Church and Location: _____

Address while at convention (check one): _____ UC Irvine _____ Other

If other, please provide the following:

Name of location: _____

Street

City/State/Zip

Phone Number while at convention: _____

Adult Responsible for Student at General Convention:

Name: _____ Relation to student: _____

Address: _____

Street

City/State/Zip

Phone: Home: _____ Cell: _____

Emergency Contact(s):

Name: _____ Relation to student: _____

Phone: Home _____ Cell: _____

Name: _____ Relation to student: _____

Phone: Home _____ Cell: _____

Parent(s) Name: _____

Phone: _____

Email address _____

Dietary needs _____

Allergies: _____

Other special needs* _____

*Examples: Hearing Impaired; Physical Disabilities; ESL; Learning Disabilities; etc.

Please check one:

_____ I am registering for the full program with room and board at UC Irvine:
\$525.00 (before May 30, 2009)
\$575.00 (after May 30, 2009)

_____ I am registering for the full program without room and board:
\$195.00 (before May 30, 2009)
\$245.00 (after May 30, 2009)

(25% registration deposit required _____) non refundable

Amount enclosed _____

Make checks payable to *Episcopal Diocese of Los Angeles*

Balance will be due by June 15, 2009

Registrations, Deposit and Balance should be mailed to:

Diocese of Los Angeles: General Convention Youth Program

840 Echo Park Ave Los Angeles, CA 90026

MEDIA RELEASE FORM

On behalf of _____, (the "Minor Child"), the undersigned parent does agree to grant to the Domestic and Foreign Missionary Society ("The Society") and the Episcopal Diocese of Los Angeles (the "Diocese"), permission to record on film, video tape, or audio tape, the participation of the Minor Child in the General Convention Youth program sponsored by the Diocese in connection with the General Convention of the Protestant Episcopal Church of the United States of America at the Anaheim Convention Center, Anaheim, California, July 6-17th, 2009. The undersigned parent further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for the Society or the Diocese, and further, that such use shall be without payment of fees, royalties, special credit, or other compensation to or for the benefit of the minor child, parent, or any other person or entity.

_____, 2009
Date

Parent/Guardian Signature
Necessary for all participants under the age of 18

PARENTAL AFFIRMATION

I, _____, do hereby affirm to The Episcopal
Diocese of Los Angeles that I have the legal authority to provide my consent and
authorization for matters relating to the participation of
_____ in the Youth Program of General Convention of
the Protestant Episcopal Church of the United States of America in Anaheim, California
July 9-12, 2009.

Date: _____

Signed: _____

Relationship to child: _____

WAIVER AND RELEASE

I, _____, Parent/Guardian, on behalf of _____ ("Participant Minor Child") do hereby release, waive, discharge, covenant not to sue and agree to hold members of the Episcopal Diocese of Los Angeles, its officers, directors, employees, representatives, agents and affiliates, assigns and successors and the staff of the General Convention Youth Program from any and all claims, demands and actions of any and every kind directly or indirectly arising out of or relating in any respect to the participation of the Participant Minor Child in the Youth Program of General Convention of the Protestant Episcopal Church of the United States of America in Anaheim, California July 6-17th, 2009. My waiver and release of all claims, demands, actions and liability shall include without limitation, any injury, illness, death, property damage or loss to the Participant Minor Child which may be caused by any act, or failure to act by the staff of the General Convention Youth Program or sustained before, during or after the General Convention Youth Program unless such injury, illness, death, property damage or loss is a direct result of the willful misconduct of either the Diocese or the staff of the General Convention Youth Program.

I understand that, without limitation of the foregoing, neither the Diocese of Los Angeles nor the General Convention Youth Program shall be liable and each is hereby released each from all claims that may arise from loss or damage to the Participant Minor Child's personal property or the interruption of the General Convention's Youth Program for whatever reason. Neither the Diocese of Los Angeles nor the General Convention Youth Program shall be responsible for any lost or stolen property of the Participant Minor Child or any persons attending day activities thereof.

Date: _____, 2009

Parent/Guardian Signature

MEDICAL CONSENT FORM

To Whom It May Concern:

We (I), the undersigned, do hereby give permission for our (my) child _____ to attend and participate in the **General Convention Youth Program** in Anaheim, California, July 9-12, 2009.

We (I) authorize an adult, in whose care the above named minor has been entrusted by us or by a staff member of the **General Convention Youth Program**, to consent to any reasonably necessary medical examination, anesthetic, medical, surgical or dental diagnosis or treatment, and/or hospital care, to be rendered to the above named minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of California law and an active member of the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of any such physician or any such hospital, clinic or urgent care facility.

We (I), the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) understand that should it be necessary for our (my) child to return to my care due to medical reasons or otherwise, that I shall assume all transportation costs.

PLEASE FILL OUT THE FOLLOWING INFORMATION

Do you have hospital insurance? ☐ Yes ☐ No (please check one)

Insurance Company: _____

Policy Number: _____

Please list any allergies, medical problems, current medications, etc. you think would be important for us to know about*:

**please note that there is a more complete health history that must also be completed*

Date: _____, 2009

Parent(s) Signature: _____

Parent(s) Signature: _____

Medication Form

NAME OF STUDENT:

BIRTHDATE:

DIAGNOSIS:

MEDICATIONS:

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

DOSAGE TO BE GIVEN DURING PROGRAM: TIME(S) OR INTERVAL BETWEEN TIMES TO BE GIVEN:

If the student is taking more than one medication, list sequence in which medications are to be taken

Physician Name (Print or Type) _____

Physician Signature: _____

Parent or Guardian Name (Print or Type) _____

Parent or Guardian Signature _____

FIELD TRIP PERMISSION

I, _____, Parent/Guardian, on behalf of
_____ give permission for my minor child
to participate in ***General Convention Youth Program*** activities taking place off site from
the Anaheim Convention Center, Anaheim, California. I understand that transportation to
and from these activities will be provided for my child by the ***General Convention Youth
Program***. I understand that the field trips are part of the ***General Convention Youth
Program*** and if I choose to not have my student participate in one or more off site
activities, that other care arrangements will need to be made by me for my student during
the times of that field trip activity.

Date: _____, 2009

Parent/Guardian Signature

ELECTRONIC DEVICE POLICY

Electronic Devices: i-Pods, MP-3 players, PSP players, cell phones, cameras and other types of electronic equipment may not be used during regular group time. They will be able to be used during free time. The General Convention Youth Program will not be held responsible for any theft or loss of the above mentioned electronic devices.

I have discussed this policy with my student _____ (student's name) and understand that any loss will be our responsibility.

Signed (Parent/Guardian) _____

Date _____

I have discussed this policy with my family and understand that any loss will be my responsibility.

Signed (Student) _____

Date _____

Today's Date:

Student's health history – parent's report

STUDENT'S Name (Last, First, M.I.):

Check one: Male_____ Female_____

DOB:

PARENT/GUARDIAN

DOES PARENT/GUARDIAN LIVE IN HOME WITH CHILD?

PARENT/GUARDIAN

DOES PARENT/GUARDIAN LIVE IN HOME WITH CHILD?

IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN:

Date of last physical exam:

HEALTH AND DEVELOPMENTAL HISTORY

Childhood illness: Circle any that apply

⌚ Measles ⌚ Mumps ⌚ Asthma ⌚ Chickenpox ⌚ Rheumatic Fever ⌚ Hay
Fever ⌚ Diabetes ⌚ Epilepsy ⌚ Whooping Cough ⌚ Poliomyelitis ⌚ Ten- Day
Measles (Rubeola) ⌚ Three-Day Measles (Rubella)

Other_____

Immunizations and dates:

Tetanus

Pneumonia

Hepatitis

Chickenpox

Influenza

MMR Measles, Mumps, Rubella

Specify any other serious or severe illnesses or accidents

Does the student take prescribed medications?

Name the Drug

Strength

Frequency Taken

Does the student have any allergies to medications?

Name the Drug

Reaction

Does the student use any special device(s)? (i.e. hearing aids, nebulizer, cochlear implants, etc)

Name the Device

Reason for use

Does the student use any special device(s) at home? (i.e. nebulizer, orthodontic appliances, etc.)

Name the Device

Reason for use