

**Deadline:**  
**March 30<sup>th</sup>**

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**EPISCOPAL DIOCESE OF NEWARK**  
**Confirmation Retreat Registration Form**  
**April 13-14, 2007**

**St. Luke's Church, 73 So. Fullerton Ave., Montclair, NJ 07042**  
**Please arrive at 7:00PM on Friday and depart at 3:00PM on Saturday.**

**Congregations in Districts 1, 2 & 5 are assigned to this retreat.**

Please fill out this Registration Form and mail it with your check or money order in the amount of \$24 payable to: ***DIOCESE OF NEWARK, Youth Ministry, 31 Mulberry St., Newark, NJ 07102.*** Registrations must be **received by March 30<sup>th</sup>**.

**The cost of the Retreat is \$24. Scholarships are available.** The scholarship policy is that the participant pays 1/3, the participant's congregation pays 1/3 and the diocese pays 1/3.  
**Registration fees are non-refundable within 2 weeks of the Retreat.**

**For more information, including scholarship requests, please contact Kaileen Alston, Diocesan Youth Missioner, at (973) 430-9991 or [kalston@dioceseofnewark.org](mailto:kalston@dioceseofnewark.org).**

**Check one: Confirmation Candidate** \_\_\_\_ **Confirmation Teacher/Chaperone** \_\_\_\_

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Telephone (Home)** \_\_\_\_\_ **(Parent's Cell)** \_\_\_\_\_

**Parent/Guardian/Next of Kin:** \_\_\_\_\_

**Other Contact name, relationship:** \_\_\_\_\_

**Emergency phone:** \_\_\_\_\_ **Birth date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Email** \_\_\_\_\_

**Congregation/City/District** \_\_\_\_\_

**Amount Enclosed** \_\_\_\_\_ **Amount of Scholarship Requested?** \_\_\_\_\_

Do you have health or medical insurance? Yes \_\_\_\_ No \_\_\_\_

**If so, ATTACH COPY OF INSURANCE CARD & Information.** Attached? Y N

Any chronic conditions, food allergies or other: \_\_\_\_\_

Please list all medications (including over-the-counter or non-prescription drugs). All medications must be in the original container that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and frequency of an administration.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Additional medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Physician's name: \_\_\_\_\_

Physician's phone: \_\_\_\_\_

- I authorize an adult in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named person pursuant to this authorization.
- I hereby give permission for this person to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event.
- I have read and understood the Community covenant. I understand that the participant must respect and obey the instructions of the adults in charge and that tobacco, alcohol, illegal drugs, weapons, inappropriate sexual behavior or sexually explicit communications will not be permitted at the event.
- I understand that the Diocese cannot assume responsibility for valuables or electronic equipment brought to the programs without authorization.
- I will provide transportation home for the young person if problems occur during this event.
- I will take no civil action or legal action against the adults in charge of the Diocese of Newark Program.

**Diocese of Newark Program Community Covenant  
(Responsibilities & Regulations)**

Our primary goal is to provide a safe, healthy, Christian environment for all participants. Therefore if you cannot stay the whole weekend, do not come. This covenant applies to ALL participants (youth, adult sponsors, clergy, speakers, etc.)

Personal responsibilities (ALL ages & roles):

- To seek and serve Christ in all people.
- Respect the dignity of every human being and to work together as a community for the benefit of the group.
- There will be no alcohol, illegal drugs, knives (this includes pocket/jackknives) or weapons brought on the premises for any reason. Possession of sexually explicit materials is prohibited. In addition inappropriate, offensive, or sexually explicit communications or statements are prohibited.
- Smoking or using other tobacco products is prohibited in all buildings, meeting rooms and sleeping areas. Smoking by youth is prohibited.
- No pets/animals are allowed except trained service dogs.
- Participants must respect personal and public property. Repair costs for damages incurred to property will be billed to the individual responsible for the damage.

- Participants are asked to refrain from making noise in common areas and sleeping rooms during specifically named times with a named curfew for each program.
- To protect the safety of all participants at the event, no socialization between boys and girls is allowed in the participants' sleeping areas or rooms.
- Adult Chaperones and group leaders are responsible for enforcing the rules as stated.
- Violators of this Covenant may be asked to leave and/or be sent home. These rules are not subject to interpretation and each participant is expected to follow them without exception.
- If not able to attend the entire event, please do not attend unless you have received permission from the Diocesan Youth Missioner.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult or Guardian of Youth Participant  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Registration is not accepted unless all required items are included. Please double check.**

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**Diocesan Office checklist:**

Registration form complete and signed \_\_\_\_\_ Payment included \_\_\_\_\_  
Insurance Form copied & attached \_\_\_\_\_ Scholarship \_\_\_\_\_