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**Coptic Orthodox Church of ST. George**

**1105 67 Street**

**Brooklyn, NY 11219**

**(718)259-1564**

**The 30th Junior Youth Spiritual Retreat**

**AUGUST 26-28th 2016 BOYS**

**AUGUST 28-30th 2016 GIRLS**

TWIN PINES CAMP AND RETREAT CENTER

3000 TWIN PINES CAMP RD

STROUDSBURG,PA

**Junior Youth’s Registration Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender M / F

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_Date of birth: \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / 200

School Grade in September 2016: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_

Father of confession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed is my full payment of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church priest’s or Head of Sunday School's signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE ONE: SHIRT SIZE: S M L XL**

**MEDICAL INFORMATION**

**Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which we should be aware, and what, if any action of protection is required on account thereof, including but not limited to any allergies, dietary restrictions, or physical limitations. Failure to disclose any of the aforementioned conditions is an implied release of any duty or liability of St. George Coptic Orthodox Church.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CONSENT AND RELEASE**

**I the undersigned have legal custody of the minor named above, and have given our consent for him/her to attend the aforementioned event/trip/retreat. I understand that there are inherent risks involved in participation in any event/trip/retreat, and I hereby release St. George Coptic Orthodox Church, its affiliates, related entities, their officers, agents, servants, employees, clergy, and volunteers (collectively, “SGCOC”) from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child’s involvement whether due to intentional acts or omissions, recklessness, or the negligence of SGSS or those of third parties. I acknowledge and agree on behalf of the minor named above, myself, all heirs, assigns, or successors, that the purpose of the aforementioned event/trip/retreat is to further the philanthropic and religious purposes of SGCOC and that I am releasing SGCOC from any and all liabilities in law or equity, however the liability may arise, for any injuries, damages, losses or expenses to myself or my property. I agree and consent that any disputes arising out of the aforementioned minor’s participation in this activity and any and all claims that I may bring against SGCOC, regardless of where the claim occurred, shall be subject to the laws of the State of New York and shall not be brought in any other jurisdiction other than the courts of the State of New York. I agree that should any damages arise out of the participation in this event/trip/retreat that I am financially responsible. In the event that the aforementioned minor is injured and requires medical attention, I consent to any reasonable medical treatment as may be deemed necessary by a licensed physician. In the event that treatment is required from a physician and/or hospital personnel chosen by SGCOC, I agree to hold SGCOC free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any and all medical care. I also allow the use of the minor’s photograph taken at any activity in any promotional material.**

**PARENT OR LEGAL GUARDIAN SIGNATURE**

**I certify that I have read all provisions of this permission slip, including the Consent & Release, and any additional rules or regulations that may be provided, and that by my signature below, I bind myself and the aforementioned minor to the terms thereof.**

**Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**