

Important Diocesan Youth Events Information!

The contents of this packet are a set of applications that are to be used to attend all retreats sponsored by the Diocese of Western Louisiana.

Both candidate and staff applications are included. Please make as many copies as you need.

PLEASE NOTE THAT THE YOUTH ARE REQUIRED TO HAVE SEPARATE APPLICATIONS FOR EACH EVENT THEY ATTEND.

APPLICATIONS ARE DUE TWO WEEKS PRIOR TO THE EVENT, AT THE LATEST. THIS IS NECESSARY FOR FOOD PREPARATION AT CAMP HARDTNER.

APPLICATIONS MAY ALSO BE DOWNLOADED FROM THE DIOCESAN WEBSITE...

www.diocesewla.org

Click into YOUTH MINISTRY. A list of events is included on the site.

****Happening Staff Applications have TWO pages****

**Do you have additional questions? Please contact Debbie Slater at Debbie@stmarkscathedral.net
(cell) 318-469-6643
(office) 318-221-3360**

2009-2010
Diocesan Youth Events & Planning Meetings

2009

- August 7, 2009** DYC will arrive at Camp Hardtner to set up and work out any final details of DYE Training from 6pm-10pm.
- August 8, 2009** **DYE Training @ Camp Hardtner** including Eucharist and an offering of Safeguarding God's Children. A totally revamped training required to staff any weekend events from 9am-3:30pm. High School, College, Youth Workers, and Clergy are encouraged to attend.
- August 29, 2009** DYC meeting from 10am-2pm (Location TBA)
- October 2-3, 2009** **MIQRA** at Camp Hardtner
Eucharist Oct. 3rd @ 3pm
Open to all ages
- November 20-22, 2009** **J.E.Y.L.** Retreat Weekend for 6th-8th graders @ Camp Hardtner (followed by 1st Happening Staff meeting on Sun. 22nd)
- December 5, 2009** Happening Staff Meeting #2 (Location TBA)

2010

- January 8-9, 2010** Happening Staff Overnight (Meeting #3) @ Camp Hardtner
- January 22-24, 2010** **Happening #48** (9th-12th) @ Camp Hardtner Closing @ 3pm
- February 13, 2010** **6th Annual Bishop's Ball** for all DYC members, College, High School, and Middle School
- February 26-28, 2010** **Son Rise** for 6th-8th graders @ Camp Hardtner
- April 16-18, 2010** **C.L.E.Y.** Retreat Weekend for 9th-12th graders @ Camp Hardtner
- April 24, 2010** DYC Meeting 10-2 @ Camp Hardtner
- August 7, 2010** DYE Training @ Camp Hardtner
- August 28, 2010** DYC Meeting 10-2 @ Camp Hardtner
- September 17-18, 2010** **Mission Palooza** @ Camp Hardtner
- November 19-21, 2010** **J.E.Y.L.** Retreat Weekend for 6th-8th graders @ Camp Hardtner (followed by 1st Happening Staff meeting on Sunday 21st)

The Diocese of Western Louisiana

Camp Hardtner 2393 Camp Hardtner Road, Pollock, LA 71467

318-765-3794 EMAIL: office@camphardtner.org

Youth Event Application for 2009-2010 (PAGE 1 of 3)

ALL APPLICATIONS ARE DUE TWO WEEKS PRIOR TO THE EVENT

Please check the event you wish to attend. A new application is required each time.

J.E.Y.L.-Nov. 20-22, 2009 (6th-8th) _____ Happening #48-Jan. 22-24, 2010 (9th-12th)__
Son Rise-Feb. 26-28, 2010 (6th-8th) _____ C.L.E.Y.-April 16-18, 2010 (9th-12th)_____

Separate Mailings will be sent out for: MIQRA-October 2-3, 2009 Bishop's Ball-February 13, 2010
& Mission Palooza-September 17-18, 2010

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ SHIRT SIZE: _____

Age: _____ Grade: _____ Sex: _____ Applicant's Cell Phone #: _____

Parent or Guardian: _____

Phone numbers for home: _____ work: _____ cell: _____

Emergency Contact Name & Phone #: _____

Church Attending: _____

Parish Priest or Senior Warden Signature: _____

Registration begins at 6:00pm on Friday evening of the event. Please eat before you arrive, no meals will be served on Friday evening. Bring all items necessary for staying @ camp: bed linens, towels, toiletries, etc. Please remember to bring warm clothing, a flash light and bug spray. The use of cell phones will NOT be allowed, so please leave those items at home. If an emergency occurs and a phone is necessary, one will be provided.

All youth events in the Diocese of Western Louisiana prohibit the use of tobacco products, alcohol/drugs, and sexual misconduct. I, the undersigned, understand that if I violate these standards, my parents will be notified and will be required to pick me up.

Applicant's signature

Parent/Guardian Signature

The cost of the weekend is \$75.00 Please make your check payable to Camp Hardtner. Each candidate is also asked to bring a snack item to share with the entire group. The snacks will be collected upon registration. THE PICK UP TIME ON SUNDAY WILL BE ADVISED @ REGISTRATION. Please be on time to pick up your child. All events do not end at the same time.

Supplemental Medical Form and copy of insurance card must be attached

AUTHORIZATION FOR MEDICAL RELEASE-COPY OF INS. CARD REQUIRED

Name of Parent or Guardian: _____

Name of Physician: _____

Address: _____ Doctor's Phone #: _____

Health Insurance Co.: _____ Policy #: _____

Insurance Co. Phone #: _____ List any FOOD allergies or special diet needs that you have: _____

We, the undersigned parents of _____ hereby give our authorization and permission to any Physician, Emergency Medical Technician, Nurse, Hospital, and/or other medical personnel, to make any emergency examination, diagnosis and/or treatment, which may be needed for my child.

PARENT/GUARDIAN SIGNATURE: _____

PAGE 2 of Applicant and Staff Application
PLEASE SEND A PHOTO COPY OF YOUR MEDICAL ID CARD!
Medical Release Forms

Mandatory, regardless of age. Please complete all information below. Authorization of Medical Release

Name

Address

City

State

Zip

Home #

Work #

Cell#

Name of Parent/Guardian if under 18 years old

Name of Physician

Address and Phone # of Physician

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Health Insurance Company (ATTACH A COPY OF MEDICAL ID CARD)

Policy # and Phone # of Insurance Company

Please List Known Allergies or Medical Conditions: _____

Special Diet Needs : _____

We the undersigned parents of the applicant shown above hereby give our authorization and permission to any physician, Emergency Room Technician, Nurse, Hospital, and/or other Medical Personnel, to make any emergency medical examination, diagnosis, and/or treatment which may be needed for this person.

Applicant/Staff Applicant Signature:

Parent/Guardian Signature: _____
(If under 18 years of age)

Clergy/Sr. Warden Signature (Req'd only if you are applying to be on staff for a weekend)

PAGE 3 of Applicant and Staff Application

OVER-THE-COUNTER-MEDICATION

Name: _____

I, _____, (parent/guardian) hereby give permission for my child, _____, to be able to be given over-the-counter medications if necessary. Dosages will be given according to the directions on the bottle unless a physician directs otherwise.

Headache:	Tylenol/Aspirin
Antihistamines:	Benadryl
Decongestant:	Dimetapp/Sudafed
Cold Medication:	Tylenol Cold
Upset Stomach:	Pepto Bismol/Tums/Zantac/Pepsid
Diarrhea:	Imodium AD/ Kaopectate
Menstrual Cramps:	Pamprin/Midol/Aleve
Poison Ivy:	Calamine Lotion/Cortaid
Foot Fungus:	Tinactin/Desenex
Constipation:	MOM/Dulcolax
Nausea:	Dramamine/Maalox
Muscle Aches:	Ben-gay/Ibuprofen
Cuts:	Neosporin Ointment
Eye Drops:	Refresh
Sun Burns	Solarcaine/Foile Ointment

Signed: _____

Date: _____

Event: _____

**STAFF APPLICATION (Page 1 of 3)
ALL DYC YOUTH EVENTS**

Mail Application to: (PLEASE DO NOT SEND TO CAMP)

St. Mark's Cathedral
c/o Debbie Slater-Lay Youth Minister
908 Rutherford, Shreveport, LA 71104
Debbie@stmarkscathedral.net
Fax #: 318-424-8427

Please print clearly

Title of Retreat you are applying to: _____ **Date:** _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Shirt Size: _____

EMAIL ADDRESS: _____

AGE: _____ **Current grade/yr in college:** _____

Have you ever served on staff before? _____

If so, which events? _____

Date of training session you last attended? _____

Have you completed Safeguarding God's Children? _____

Do you play a musical instrument? / What do you play? _____

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NO CELL PHONES will be allowed during the weekend. You will be asked to turn them in when you arrive. Please note that this is an application to be on staff only. You will be **NOTIFIED** by the Dean of the weekend if you are chosen to staff this particular weekend. There **IS A LIMIT** to the number that can staff each weekend. We desire to let all who wish to serve be given an opportunity. Therefore, some applications may not be accepted. You may contact Debbie Slater if you have any questions. The cost to be on staff will be \$50 per staff member, except for Happening which is \$70, due to an additional overnight stay.

PLEASE MAKE A COPY OF BOTH SIDES OF YOUR MEDICAL CARD and attach to the medical release form. If you do not have it, you will not be allowed to serve on the weekend until it is received.

Happening # 48 Staff Info. Sheet
January 22-24, 2010
(Use Staff Application Form)

Please be sure you can attend all of the scheduled meetings shown below. It is **EXTREMELY** important that you are willing to be present at all of the planning meetings. Your application for Happening Staff are due **NO LATER THAN OCTOBER 15, 2009**. You will be notified by October 30, 2009 if you have been selected to serve. My FAX # is 318-424-8427

Anyone questions may be directed to Debbie Slater at Debbie@stmarkscathedral.net or you may call my cell @ 318-423-6643.

Please be sure to check **ALL** of the meeting dates. Every year we have ACT, Band, Dance, or other forms of competition on the weekends in the Fall. Call me if you have concerns. You **MUST** confirm your absence from the meeting ahead of time and **NO ONE CAN MISS THE OVERNIGHT**. It is important to attend **ALL** meetings.

Scheduled meeting dates:

- | | |
|-------------------|--|
| Meeting #1 | Sun. 22nd @ Camp Hardtner |
| Meeting #2 | December 5, 2009 (Location TBA) |
| Meeting #3 | January 8-9, 2010 Happening Staff Overnight @ Camp Hardtner |

Everyone will take care of their own meals for the meetings. Please bring cash, drinks, and snacks as they will not be provided. Please be prepared to stay for the entire length of the meeting. Cost to staff Happening is \$70 due to the overnight stay @ Camp Hardtner. Please discuss with your parents that the weekend lasts from **NOON** on Friday until at least 6pm on Sunday. Staff cannot leave until all campus is secure. **YOU WILL BE HOME LATER THAN A NORMAL WEEKEND.**

We always need MUSICIANS for the weekend, preferably still in High School. Please note on your application if you play a musical instrument.

MIQRA
Exploring the Mind of God from Genesis to Revelation

Saturday, October 3, 2009

Camp Hardtner

OPEN TO THE ENTIRE CHURCH-NO AGE LIMIT

ALL APPLICATIONS ARE DUE NO LATER THAN SEPTEMBER 15, 2009

Please fax or mail them directly to Camp Hardtner

2393 Camp Hardtner Road, Pollock, LA 71467

Phone: 318-765-3794 Fax: 318-765-0603

Individual reservations may be made with Camp Hardtner for youth groups to go in Friday October 2, 2009 with adult sponsors.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SHIRT SIZE: _____ Age: _____ Grade: _____

Church Parish and Convocation: _____

Group name if applicable: _____

Name of Parent or Guardian : _____

Emergency Contact Numbers : Home #: _____ Cell#: _____

The cost to participate in this weekend is \$12.00. Please make your checks out to Camp Hardtner-MIQRA This fee covers the cost of lunch and a t-shirt for each participant.

Medical Release: PLEASE ATTACH A COPY OF YOUR MEDICAL ID CARD

Name of Physician: _____

Address and Phone # of Physician: _____

Health Insurance Company: _____

Policy # and Phone # of Insurance Company: _____

Please List Known Allergies or Medical Conditions: _____

Special Diet Needs: _____

We the undersigned parents of the applicant shown above hereby give our authorization and permission to any physician, Emergency Room Technician, Nurse, Hospital, and/or other Medical Personnel, to make any emergency medical examination, diagnosis, and/or treatment which may be needed for this person.

Applicant Signature: _____

Parent/Guardian Signature (If under 18 years of age): _____

Photography Release: (photos to be taken of day's event to be published in the ALIVE)

I, the undersigned, consent for all purposes to reproduce, sell/or use of photographs of the undersigned (with or without the use of the individual's name), by the Episcopal Diocese of Western Louisiana and by any nominee or designee of the Episcopal Diocese of Western Louisiana (including any agency, client, or periodical or other publication) in all forms and media in all manners, including trade, display, advertising, editorial art, and exhibition. In giving this consent, I release the Episcopal Diocese of Western Louisiana and their nominees and designees from liability for any violation of any personal and/or proprietary right I may have in connection with such sale, reproduction or use.

Name of Participant: _____

Signature of Participant _____

Phone #: _____

Parent Guardian if under 18: _____