

twenty ten Wintercamp at Lake Champion

Senior High Weekend
is January 29th- 31st

Middle School Weekend
is March 5th – 7th

Join us for a chilly weekend in Glen Spey, NY at Lake Champion for Wintercamp!! You will find Great Speakers, a Climbing Wall, the NEW Game Room, Basketball, Great Food, The Outdoor Jacuzzi, Fun Music, the Snack Bar, the Zip Line, Ice Hockey on the Frozen Lake, the Ropes Course, LOTS of Laughs & TONS of New Friends!

Who Can Come? Anyone in 9th -12th grade may attend the High School Weekend, and anyone in 6th-8th may attend the Middle School Weekend... at the discretion of your Parish's Youth Leader. If your Parish is sending youth – We're asking them to also send a Chaperone.

What Do I Need to Do? Get your parents to fill out the attached consent form and give it to your Youth Leader to mail in with your entire group OR mail it directly to Teri Valente at the address on the bottom of it WITH a check for \$100 made payable to Youth Council. *Limited scholarship funds are available. Contact your youth leader about help from your Parish before contacting Teri Valente for Diocesan Assistance.*

When's the Deadline? **January 2nd is the Senior High Deadline**
February 3rd is the Middle School Deadline
Space is first come first served – limited by capacity of a charter bus. Decisions regarding transportation (if we have enough going to justify the cost of a bus) will be made ON the deadline date. Less than 30 registered students – and we will be carpooling. If you are late – there may not be space for you, and Teri will feel bad, but not as bad as you, at home ... so, GET IT IN ON TIME. **A packing list and directions for pick up and drop off will be sent out via email after your registration has been received.**

What if I or my Parents Have More Questions?

Feel free to contact Teri Valente. Her email is terivalente@gmail.com and her office number at Camp Arrowhead is 302.945.0610 X5 You can also find her on Facebook and frequently driving down Rt 1.



The Episcopal Church Diocese of Delaware



CONSENT TO TREAT & LIABILITY WAIVER

Participants Name: _____

Mailing Address: _____

Circle One: Senior High Trip – Jan 29-31 Middle School Trip – March 5-7

Circle One 2009-2010 School Grade: 12 11 10 09 08 07 06

Birthday (dd/mm/yy): _____ **SSN:** _____

Home Phone: _____ **Email:** _____

I the undersigned parent/legal guardian of , _____ a minor, do hereby release, hold harmless and discharge the Diocese of Delaware, its staff and volunteers, and Princeton Institute of Youth Ministry (PIYM), its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my student's participation in this event. I waive such claims against organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment of my student by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary. This consent form will remain effective en route to, during and en route from the event site listed at the top of this form. I understand that in the event medical attention is necessary, I will be responsible for payment of services rendered. I agree that my student shall abide by the rules and regulations of this event. I understand that if my student fails to abide by the rules or engages in any infraction of the rules whatsoever, my student will be dismissed from the event and sent home at my expense for the immediate transportation home with no right of reimbursement for any amount in connection therewith.

Guardian Name and Relationship to student (please print)

Signature of Parent or Legal Guardian

Date

Phone: Home _____ Work _____ Cell _____

Doctor's Name: _____ **Phone :** _____

Health Plan Carrier: _____ **Policy Number:** _____

Does your student have an allergies, physical limitations, or food sensitivities?

If your student is currently taking medication, all necessary meds should be well labeled and given to an adult chaperone to be administered. (Inhalers & Epi Pens may remain with your student but should be noted here.) Names of medications, dosage and frequency are as follows:

If your student has a headache, upset stomach, sore throat * which over the counter medications (if any) do you prefer we administer (ibuprofen, acetaminophen, aspirin, pepto bismol*. etc)? Please specify if you*d prefer us to call you first or to not administer these drugs at all to your student.

Please send this completed form and your payment of \$100 payable to Youth Council no later than January 2nd for Senior High and February 3rd for Middle School to Teri Valente Camp Arrowhead 35143 Homestead Way Lewes DE, 19958