

BALTIMORE ORTHODOX TEEN RETREAT

The Life Changing Christ

December 8-9, 2006

Registration Form

****deadline for registration is Friday, December 1st****

St. Mary's Orthodox Church
909 Shawan Road
Hunt Valley, Maryland 21030
Phone: 410-785-0909

Registration fee: \$30

Contact: Zach O'Dell – 443.995.5108
Sylvia Araj – 281.772.8977

zachodell@comcast.net
amira1079@yahoo.com

Participant Information:

Name _____

Home Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____

Email address: parent's _____ participant's _____

Saint's name (if any) _____

Parish/Parish Address: _____

Note: Please leave all IPOD's, personal CD/Radio players, portable video games, etc. at home. Do bring a sleeping bag and pillow, toiletries, a towel, camping blanket or stool (for seating during campfire), warm sweatshirt or fleece, any required medications, a Bible, a notebook, and a pen.

Primary Physician:

Name: _____ Phone: _____

Health Insurance Carrier:

Name: _____ Phone: _____

Group Number: _____ Policy Number: _____

Allergies/Pre-existing Medical Conditions (if any): _____

Guardian Permission/Release:

I am the parent or legal guardian of _____, the participant named above. I hereby release the Antiochian Orthodox Church and St. Mary's

Orthodox Church, its agents and employees from any and all liability for all personal injuries the participant named above may incur due to participation in activities conducted, sponsored, or associated with the event named above.

In the event of an emergency I, or my spouse, may be reached at the following telephone numbers:

1st # _____ 2nd # _____

Also, in the event that I cannot be reached in the case of emergency, I do hereby authorize a physician selected by the coordinator of this event to administer emergency treatment including medications, diagnostic tests, surgery or other medical intervention deemed necessary by the physician.

Either I or another authorized adult (Name : _____) will be responsible for picking up the above named participant at the end of the retreat.

Parents are invited to join us for Vespers at 5:00 PM and dinner at 6:00 PM. Please circle the appropriate response:

>We will/ will not attend dinner on Saturday evening. Number of adults _____

>My child will/ will not attend dinner on Saturday evening.

Signature of Parent or Legal Guardian: _____ Date: _____

**Checks made payable to: St. Mary Orthodox Church
Note "Teen Retreat"**

Participants must be picked up by 7:00 P.M. on Saturday.