

## April 5 2019 Lenten Lock-in Youth Code of Behavior:

Hello dear participant. You are representing Annunciation Greek Orthodox Church in our community during this event and we expect you will represent us well. We expect that you will display mature, safe, and responsible behavior.

1. All participants are expected to arrive on time, attending the 6:30 PM Akathist Service.
2. All participants must be picked up no later than 9 AM Saturday morning.
3. No participant can leave the premises of the Cultural Center at any time. NO CELL PHONES ALLOWED
4. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language and behavior will not be tolerated.
5. Socializing should always be in public areas.
6. Dress should reflect the values of modesty. Writing on clothes should reflect Christian values.
7. Prescription drugs need to be given to the Youth Director when your parents are dropping you off.

I understand and agree to this Code of Behavior. I understand and agree that my parents will be notified at the time of breaking these rules and that I may be dismissed. If this happens my parents will be asked to come and remove me from the premises.



Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Medical Permission Form:

I grant permission for the administration of First Aid to my family members by the people in charge of the retreat, as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

#### Family Insurance Information

Insurance Company \_\_\_\_\_

Policy in the name of: \_\_\_\_\_

Policy # \_\_\_\_\_

ID # \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Child Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

If allergic to any medication please describe: \_\_\_\_\_

Family Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If different from above, in Case of Emergency, contact: \_\_\_\_\_

PARENT/GUARDIAN Signature: \_\_\_\_\_ DATE: \_\_\_\_\_