



American Carpatho-Russian Orthodox Diocese Young Women's Encounter 2016

Faith and Works

“...and I by my works will show you my faith.” – James 2:18

The American Carpatho-Russian Orthodox Diocese is thrilled to be hosting the Young Women's Encounter again this summer for young women ages 12-18! This engaging experience will highlight how young women can live our Orthodox Faith and serve the Church with their own unique gifts. This year we are so glad to have Dr. Vasiliki Tsigas-Fotinis! She is a creative educator, missionary servant leader, and community builder. Dr. Tsigas-Fotinis has served on the Orthodox Christian Education Commission (OCEC), National Council of Churches, Education and Leadership Ministries Commission (ELMC), and High School Curriculum Coordinator for the Department of Religious Education of the Greek Orthodox Archdiocese of American for whom she authored a children's book entitled: *The Jesus Prayer and Me*. We hope you will join us!

Let's pray together, cultivate our gifts and grow in the Faith!

EVENT INFORMATION

Sunday, June 26th to Wednesday June 29th

Sts. Peter & Paul Orthodox Church
141 Hoffman Farm Road, Windber, PA 15963

REGISTRATION:

Sunday June 26th 6:00 to 7:00pm

CONCLUSION:

Wednesday, June 29th, 11:00am

Please mail completed registration forms (pages 3-6) by **June 1st** to:

Young Women's Encounter
19 West Park Ave.
Morgantown, WV 26501

Space is limited and participants will reserve a spot based on the post marked date of their completed registration form, including the registration fee of \$100 (checks payable to "Young Women's Retreat.") If your fee is coming separately from the form, please include a note with that information. Thank you!

We have a limited time together and such fun planned so please be present for the entire event.

If you have any questions regarding the YWE, please contact Pani Eleni Stagon.

Contact us before the YWE:

acrodywe@gmail or 304.296.4319

For emergencies during the YWE:

814.467.5194

~Keep this page with you for reference~

American Carpatho-Russian Orthodox Diocese Young Women's Encounter

YOUNG WOMEN'S ENCOUNTER PACKING LIST

ITEMS TO BRING:

Alarm Clock	Modest Swimsuit	Small Fan, optional
Bath & Pool Towels	Personal Toiletries	Sneakers
Casual Clothes	Pillow	Spending Money, optional
Church Clothes for Liturgy	Shower Shoes	Sweater or Sweatshirt
Insect Repellent & Sunscreen	Sleeping Bag or Sheets & Blanket*	Water bottle

*Recommended but Optional: A twin sized air mattress. Cots will be provided for those who do not bring a twin air mattress.

ITEMS TO LEAVE AT HOME:

Aerosol sprays; camcorders or video recording devices; cell phones; clothing with suggestive or obscene imagery or words; electronic games; gaming systems; iPads/iPods, tablets, laptop computers & MP3s; lighters & incense; magazines; roller skates or sneaker skates; shaving cream; any other item NOT deemed appropriate—if in doubt just ask!

Any of these items brought to the YWE will be collected at registration and returned at closing.

THE FOLLOWING ITEMS MAY NOT BE BROUGHT TO THE YWE FOR OBVIOUS REASONS:

Alcohol

Any and all illegal substances, including any synthetic drugs that may or may not as yet be declared illegal

Cigarettes and all tobacco products, including hookah pens and e-cigarettes

Dangerous implements and/or prank items i.e. knives, guns, fireworks, laser pointers, etc.

If a participant is caught with any of the items listed above she is subject to any legal disciplinary action and/or immediate removal from the event. Any behavior by participants, their parents, staff or clergy that might jeopardize the ability of the American Carpatho Russian Orthodox Diocese to host the Young Women's Encounter or that might bring ACROD's credibility or status into question as a safe, Christian environment, will not be tolerated.

MEDICATIONS:

Please pack all of the current medications the participant will need during the time of the event in the correctly labeled original container. This includes both prescription and over the counter medications.

The staff of the YWE will have a few basic over the counter medicines available should the need arise, including ibuprofen, acetaminophen, and cough syrup. If there is a potential need for your daughter to take a medication other than these on an "as needed" basis, please send it in the correctly labeled original container with instructions on when the medicine would be needed and what dose is to be given.

There is space on the medical history page (page 4) to list all medications with information about dosage and schedule. Please make sure this list is complete and accurate, continuing to an additional page if necessary. ALL MEDICINES, prescription and over the counter, will need to be turned in at registration.

NO MEDICATIONS (PRESCRIPTION OR OVER-THE-COUNTER) MAY BE IN POSSESSION OF THE PARTICIPANT DURING EVENT.

~Keep this page with you for reference~

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REGISTRATION AND HEALTH FORM

Registration Fee \$100 (checks payable to "Young Women's Retreat")

Please complete and return pages 3-6 no later than Monday, June 6th, 2016

PARTICIPANT INFORMATION:

NAME: _____
Last First Middle Initial

BIRTHDATE: ____ / ____ / ____ AGE (at event): ____ GENDER: Female Male
Month Day Year

HOME ADDRESS: _____
Street, Apt., etc. City State/Province Zip

T-SHIRT SIZE (circle): S M L XL Other ____ E-MAIL ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____ (please *star* preferred contact number)

PARISH NAME: _____ CITY: _____ ST/PR: _____

.....
MOTHER/GUARDIAN #1: _____ E-MAIL ADDRESS: _____

HOME ADDRESS: _____
Street, Apt., etc. City State/Province Zip

(please *star* preferred contact number:)

PRIMARY PHONE: (____) _____ WORK PHONE: (____) _____ CELL PHONE: (____) _____

.....
FATHER/GUARDIAN #2: _____ E-MAIL ADDRESS: _____

HOME ADDRESS: _____
Street, Apt., etc. City State/Province Zip

(please *star* preferred contact number:)

PRIMARY PHONE: (____) _____ WORK PHONE: (____) _____ CELL PHONE: (____) _____

.....
EMERGENCY CONTACT #1: _____ (____) _____ (____) _____
Name Cell Phone Home or Work Phone

RELATIONSHIP TO APPLICANT: _____

EMERGENCY CONTACT #2: _____ (____) _____ (____) _____
Name Cell Phone Home or Work Phone

RELATIONSHIP TO APPLICANT: _____

.....
Please indicate whether or not your daughter will need a cot: My daughter will: ____ Bring a Twin Air Mattress ____ Need a Cot

.....
DENTIST/ORTHODONTIST NAME: _____ PHONE: (____) _____

FAMILY PHYSICIAN NAME: _____ PHONE: (____) _____

INSURANCE INFORMATION:

Are you covered by family medical/hospital insurance? Yes No

If so, indicate policy holder's name: _____ carrier or plan name: _____

Policy #: _____ Group #: _____

Are you have family prescription drug insurance? Yes No

If so, indicate policy holder's name: _____ carrier or plan name: _____

Policy #: _____ Group #: _____

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PARTICIPANT MEDICAL HISTORY (to be completed by Parent/Guardian)

PARTICIPANT NAME: _____ AGE: _____ BIRTHDATE: ____ / ____ / ____

HEALTH HISTORY:

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Poison Ivy, etc. | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Insect Reaction | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Penicillin Reaction | <input type="checkbox"/> Strep Throat |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Drug Reaction | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Contacts/Glasses |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Chicken Pox | |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Measles | |

Descriptions and Other: _____

Operations or serious illness: _____

Chronic or recurring illness or Medical Condition: _____

Restricted Activities: _____

Dietary Restrictions: _____

Current Medications (list name, dosage and time schedule) *All medications must be in correctly labeled original container and turned in during registration.* _____

NO MEDICATIONS (PRESCRIPTION OR OVER-THE-COUNTER) MAY BE IN POSSESSION OF THE PARTICIPANT DURING EVENT.

PARENT OR GUARDIAN AUTHORIZATION: I wish to enroll my child _____ in the Young Women's Encounter at Windber, PA, Sunday June 26 - Wednesday June 29, 2016. If I cannot be reached in the event of an emergency, I give my permission to the Encounter Director and staff to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child, if necessary. By my signature below, I accept FULL responsibility for my child, who has my permission to engage in all prescribed activities, excepted as noted by me and/or the examining physician.

Parent/Guardian Signature

Date

TO BE COMPLETED BY LICENSED PHYSICIAN

I have examined the person herein described within the last 12 months and have reviewed the health history. It is my opinion that this participant is physically able to engage in event activities, except as noted.

Additional comments: _____

Physician's Signature

Date

ADDRESS:

Street, Apt., etc.

City

State/Province

Zip

PHONE: _____

American Carpatho-Russian Orthodox Diocese Young Women's Encounter

ACROD DRESS CODE POLICY

(please retain a copy for your reference)

Dear Parent/Guardian,

Christian modesty should be your guiding principle when packing for this ACROD event. Your daughter will be encouraged to learn what Christian modesty is and what it means to be godly in her attire. We ask that you as parents partner with us in this endeavor.

Please review the policy below with your daughter and send it back with you and your daughter's signature on it.

Inappropriate clothing at an ACROD event includes, but is not limited to: excessively revealing open back tops (including racer-razor backs), tube tops, halter tops, low-cut fronts, skin tight clothing (ex. Spandex, stretch pants, etc.), half shirts, tank tops with less than two finger-width straps, tank-top undershirts, two-piece bathing suits (or one piece suits with cut outs), shorts cut revealingly (shorter than mid-thigh), shorts or pants with writing or imagery on the seat, sports bras without shirts, spaghetti-strap blouses or dresses, and low-cut waistlines. No more than two pairs of earrings are permitted. Excess earrings and other body piercings (including belly, nose and tongue piercings) must be removed prior to admittance. Tattoos must be covered at all times. Sagging pants and exposed underwear are a not allowed as well. Leggings are permitted only if bottom is covered. We ask that all attire be a sign of respect for one's self and everyone else in the church community.

Please be aware of the weather forecast as you pack, and bring proper rain gear, warm clothes, etc. accordingly. Read through the "YWE Packing List" page of this registration form to pack appropriately and if you have any questions contact us, acrodywe@gmail.com.

Dress for church services is casual but appropriate attire is necessary. One Divine Liturgy is scheduled during the YWE. For Divine Liturgy young women should wear dresses or skirts of appropriate length, with a blouse. Pantsuits are also acceptable.

The event staff reserves the right to ask you to change your clothing if it feels that what you are wearing is inappropriate.

Signatures

Print Name of participant

Signature of participant

____/____/____
Date

Print Name of parent/guardian

Signature of parent/guardian

____/____/____
Date

Please complete and return this form
by June 6.

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MEDIA CONSENT FORM – Participant/Staff

During this ACROD event, the staff will be taking photographs of the participants' activities and posting them on the American Carpatho-Russian Orthodox Diocese website (<http://www.acrod.org>). This common practice of many programs keeps parents and friends back home informed of the participants' activities. Only participants' first names (not last names) will be used on the websites and other online media.

Please read the following, complete, and sign below.

I understand that it is the intention of this ACROD program to have my child's participation in the program recorded on videotape and in photographs which may be posted on the program's website and the diocesan website, used in promotional materials both online and otherwise. I expressly agree to and grant ACROD the right and authority to videotape and photograph my child's activities and to use any recording of my child's participation in the aforementioned program in any and all media. Such recordings and photographs become the sole property of ACROD. I give permission for the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during the event to be used in program videos, on the diocesan website, for promotional purposes of the program, or shown as ACROD sees fit; in perpetuity.

Participant/Staff (please PRINT)

- | | | |
|------------------------------|----------------------|-----------------------------|
| 1. Participant's Name: _____ | I agree to the above | I do not agree to the above |
| 2. Participant's Name: _____ | I agree to the above | I do not agree to the above |
| 3. Participant's Name: _____ | I agree to the above | I do not agree to the above |

Signature

Print Name of parent/guardian

Signature of parent/guardian

____/____/____
Date

Please complete and return this form
by June 6.