

# Episcopal Diocese of WTN Youth Ski Trip – January 12 -14, 2018

## Information Sheet

**Dates:** Friday, January 12<sup>th</sup> to Sunday, January 14<sup>th</sup> over Martin Luther King weekend!

\*Drop off and pick up will take place at Church of the Holy Communion (4645 Walnut Grove Road, Memphis 38117). Arrive **no later than 4:30 p.m.** on Friday, January 12<sup>th</sup>. We will return to Holy Communion around 9:00 or 10:00 p.m. on Sunday, January 14<sup>th</sup>. We will ensure that all young people are in touch with their parents or guardians on January 14<sup>th</sup> about the arrival time at CHC.

**Activities:** We will have lots of fun and fellowship, get to know one another, play games, attend a Sunday church service at St. Martin's, and ski for two days in Wildwood, Missouri!

**Location:** We will be staying at St. Martin's Episcopal Church in Ellisville, MO (15764 Clayton Road, Ellisville, MO 63011). We will be skiing at Hidden Valley Ski Area (17409 Hidden Valley Drive, Wildwood, MO 63025).

**Cost:** If you sign up by Sunday, December 17<sup>th</sup>, the cost is \$250. After December 17<sup>th</sup>, the cost is \$300. This includes transportation; meals at St. Martin's/Hidden Valley; rentals of skis/snowboard, boots, and helmets; lift tickets for two days; one group ski or snowboard lesson; a sweatshirt, and a drawstring backpack. The final deadline for registration is Wednesday, January 3<sup>rd</sup>.

\*Please contact the youth minister at your church or Kayla Bartosch ([kbartosch@calvarymemphis.org](mailto:kbartosch@calvarymemphis.org)) about scholarships ASAP, as cost should never be a deterrent from attending this trip. Scholarships are offered on a first come, first served basis and are "pay what you can." Contact one of the above by December 17<sup>th</sup> to secure a scholarship space.

**Registration:** In order to attend the trip, we MUST have your registration form, Diocesan Medical Release and Waiver, Hidden Valley waiver, and payment by Wednesday, January 3<sup>rd</sup>. Checks can be made out to Calvary Episcopal Church with "Diocesan Youth Ski Trip" in the memo line. In order to receive the \$250 price, we must have all of these items by Sunday, December 17<sup>th</sup>. These items may be mailed to:

Calvary Episcopal Church  
Attn: Kayla Bartosch  
102 N. Second St.  
Memphis, TN 38103

**Cancellation policy:** If you are unable to attend for any reason and notify us by January 3<sup>rd</sup>, we will refund your registration fee minus a \$75 processing fee. If you notify us after January 3<sup>rd</sup> through January 7<sup>th</sup>, you will receive a refund of \$75. If you notify us after January 7<sup>th</sup> or you do not call/email to officially cancel, there will be no refund.

**What to bring:** Money for two meals (Suggested amount: \$30-40), toiletries, towel, sleeping bag (everyone will be sleeping on the floor and it can get cold! please plan accordingly), pillow, ski gear like coat, snow pants, gloves, hat, scarf, etc. (Note: rentals for skis & ski boots are included in the price). A complete and detailed packing list will be sent via email the week of the trip.

**Additional details:** All youth in grades 6-12 are invited- friends, too! There is a limit to the number we can take, so please register ASAP. There will be an announcement if the trip fills up before the deadline. Adults on the trip will be youth ministers and volunteers from Episcopal churches in the Diocese of West Tennessee.

**Questions? Contact Kayla Bartosch at [kbartosch@calvarymemphis.org](mailto:kbartosch@calvarymemphis.org) or (901) 312-5206.**

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## Registration Form

Participant's first & last name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Sweatshirt size: (All sizes adult; please circle one) S M L XL XXL  
 Church: \_\_\_\_\_ School: \_\_\_\_\_  
 Participant's street address: \_\_\_\_\_  
 Participant's email address: \_\_\_\_\_  
 Participant's phone number: \_\_\_\_\_  
 Allergies/diet concerns (i.e. vegetarian, vegan, peanuts): \_\_\_\_\_  
 Medications\*: \_\_\_\_\_

\*Chaperones will collect all medication at the start of the trip.

Parent name(s): \_\_\_\_\_

Parent email address(es): \_\_\_\_\_

Parent preferred\* phone number(s): \_\_\_\_\_

\*Important in case of emergency

List an *additional* emergency contact name & phone number: \_\_\_\_\_

**There are inherent risks associated with skiing/snowboarding. Please take the time to assess these risks before signing up for the trip.**

Circle the Answer that Applies to You

Do you want to...? (Only pick one)	Snowboard	Ski
Is this your first time skiing or snowboarding?	Yes	No
If this is not your first time, do you want a free lesson on your first day?	Yes	No
Do you want a lesson on your second day? (Extra \$5 for Ski, Extra \$15 for Snowboard)	Yes	No
Do you need financial assistance?	Yes	No

I promise to uphold the values listed below and be a good representative of the Episcopal Diocese of West TN, my parish, my family, & myself. I understand that I will be sent home at my own expense if I break the covenant.

- I promise to:
- Abstain from any inappropriate sexual behavior.
  - Abstain from using alcohol, tobacco, or other illegal substances.
  - Be on time and stay with the group.
  - Be mindful of curfew/rules.
  - Be safe at all times and during all activities.
  - Respect fellow youth, adult leaders, and authority of adult leaders.
  - Include everyone and have a positive attitude.

Youth Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**NOTE: HAVE YOU SIGNED THIS FORM, THE DIOCESE MEDICAL RELEASE AND WAIVER FORM, AND THE HIDDEN VALLEY GROUP SKI WAIVER PRIOR TO THE TRIP? HAVE YOU PROVIDED A COPY OF YOUR INSURANCE CARD? YOUTH MUST HAVE ALL OF THESE ITEMS SIGNED AND SUBMITTED IN ORDER TO GET ON THE BUS FOR THE TRIP.**

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## MEDICAL RELEASE AND WAIVER FORM

CHILD'S NAME: \_\_\_\_\_

NAME OF PARENT(S)/LEGAL GUARDIAN: \_\_\_\_\_

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I, the above identified parent or legal guardian of the above identified child under age eighteen (hereinafter "Minor"), hereby agree as follows:

**Treatment Consent.** In my own behalf and on behalf of Minor, I hereby grant the permission necessary to allow Minor to participate in all activities and programs ("Event" or "Events"), to be conducted by, sponsored by or in connection with The Diocese of West Tennessee ("The Diocese"). I acknowledge and agree, in my own behalf and on behalf of the Minor, that such participation subjects Minor to the possibility of physical illness or injury and that I, in my own behalf and on behalf of the Minor, acknowledge that the Minor is assuming the risk of such illness or injury by participating in the Events. In the event of such illness or injury, I authorize any adult acting on behalf of the Diocese to obtain necessary medical treatment for the Minor and hereby, in my own behalf and on behalf of the Minor, release and hold harmless The Diocese, any other owner on whose premises the Events will occur and their respective officers, representatives, members, agents, employees and any other adult acting on their behalf (hereinafter collectively "Releasees") in the exercise of this authority. I further acknowledge and understand that I will be responsible for any and all medical, hospital, ambulance and related expenses that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during an Event and while traveling to and from the site for an Event whether or not the Event actually occurs, and whether or not I have medical insurance to cover such expenses.

**Release & Waiver.** I, in my own behalf and on behalf of the Minor, further agree to release and to hold harmless Releasees from any and all liability for negligence or any other claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys' fees and costs) arising out of or connected with the Events, including any claim arising out of or connected with any illness or injury that the Minor may incur or sustain during an Event, all activities associated with an Event and while traveling to and from the site for an Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other person or persons on account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, damages or costs Releasees may have to pay as a result of any such action, claim or demand.

**Appearance Agreement.** I understand that The Diocese from time to time produce promotional material relating to Events and other programs. I understand that as a participant in and/or a spectator at the Events the Minor may be included in videotapes or photographs taken during the Events. Therefore, without reservation or limitation, I, in my own behalf and on behalf of the Minor, hereby assign, transfer and grant to The Diocese, their successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape the Minor and to utilize such videotapes and photographs and Minor's name, face, likeness, voice and appearance as part of an Event, in advertising and promoting an Event or in advertising and promoting future Events or the Church or Diocese in general. I further understand that neither The Diocese nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

**House Rules.** I further acknowledge and understand that The Diocese has established, and from time to time will establish, rules and regulations pertaining to conduct, behavior and activities of all participants in an Event, by which Minor and I agree to abide during any Events, and that Minor and I will be responsible for her/his/my failure to abide by those rules and regulations. Without limiting the generality of the foregoing, I specifically acknowledge that these rules strictly prohibit: i) the use of alcohol, tobacco products and any drugs or medications not specifically prescribed for the individual possessing them; ii) the use of foul or other inappropriate language, gestures or insults to others, or iii) any inappropriate relationships. Minor and I understand that violation of the rules can result in dismissal from Events with no refund and a requirement that I arrange for private transportation for Minor from the Event following any such dismissal.

**Helmet Requirement.** I understand that The Diocese requires that Minor wear a helmet while skiing/snowboarding. Minor's failure to wear a helmet will result in any adult acting on behalf of The Diocese to remove Minor from activity (skiing/snowboarding).

**Media Release.** I release the Episcopal Diocese of West Tennessee to record my child's likeness, via still photograph, video, or audio recording, to be used for the sole purpose of promoting youth ministry in print, video, and on the Internet. I waive all rights for compensation.

Emergency Contact Information:

Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

Relationship to Minor: \_\_\_\_\_

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## MEDICAL RELEASE AND WAIVER FORM

**Insurance and Medical Information.** Please provide below information concerning any medical insurance under which Minor is covered.  
**We must have a copy front and back of your insurance card.**

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

Insurance Claims Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Medical Insurance Policy/Group Number: \_\_\_\_\_

Address of Insured: \_\_\_\_\_

I represent that any medication to which Minor is allergic or medications that Minor is currently taking are listed below. I agree that if Minor brings medications which Minor is currently taking with him/her to an Event and that he/she shall consume only the prescribed dosage for such medications.

Medications (if any): \_\_\_\_\_

Allergic to (if any): \_\_\_\_\_

I acknowledge that the Minor suffers from the following medical conditions: \_\_\_\_\_

I authorize the Church, The Diocese and/or any of their employees or representatives, if necessary, to give Minor non-prescription medicine (Tylenol, Benadryl, cold/allergy remedy, etc.) while participating in or traveling to or from an Event.

Family Doctor: Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

I, IN MY OWN BEHALF AND ON BEHALF OF THE MINOR, HEREBY REPRESENT AND WARRANT THAT I HAVE READ THIS RELEASE AND WAIVER IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENTS. I, IN MY OWN BEHALF AND ON BEHALF OF THE MINOR, AM AWARE THAT THIS RELEASE AND WAIVER RELEASES RELEASEES FROM LIABILITY AND CONTAINS AN ACKNOWLEDGMENT OF MY VOLUNTARY AND KNOWING ASSUMPTION OF THE RISK OF INJURY OR ILLNESS. I, IN MY OWN BEHALF AND ON BEHALF OF THE MINOR, HAVE SIGNED THIS DOCUMENT VOLUNTARILY AND OF MY OWN FREE WILL.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

I, IDENTIFIED ABOVE AS MINOR, ACKNOWLEDGE THAT I HAVE READ THIS RELEASE AND WAIVER FORM, PARTICULARLY THE SECTION RELATING TO HOUSE RULES. I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT I AM AN AMBASSADOR OF THE CHURCH AND PROMISE TO ACT IN SUCH A MANNER SO AS NOT TO DAMAGE THE REPUTATION OF THE CHURCH.

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

EVERY MINOR MUST HAVE A COMPLETED, SIGNED AND CURRENT FORM ON FILE IN THE CHURCH OFFICE BEFORE MINOR CAN PARTICIPATE IN ANY EVENTS.

THE CHURCH AND DIOCESE STRICTLY PROHIBITS SEXUAL MISCONDUCT OF ANY TYPE BY AN ORDAINED PERSON OR CHURCH WORKER, INCLUDING VOLUNTEERS. IF YOU BELIEVE THAT YOU HAVE JUST CAUSE FOR COMPLAINT AGAINST ANY ADULT REGARDING SEXUAL MISCONDUCT AT ANY EVENT, PLEASE CALL THE DIOCESAN OFFICE (901/526-0023) AT ONCE.

**REMEMBER THAT ALL PARENTS AND YOUTH MUST SIGN THE DIOCESE OF WTN MEDICAL RELEASE AND WAIVER FORM AND THE HIDDEN VALLEY GROUP WAIVER FOR SKIING/SNOWBOARDING.**

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## Final Checklist

### Price Calculation

Starting price	Before Dec. 17: <b>\$250</b>	After Dec. 17: <b>\$300</b>
Taking a second lesson?		
Add \$5 for skiing or \$15 for snowboarding	+ _____	+ _____
<b>My final total</b>	= _____	= _____

I have signed and/or submitted:

\_\_\_\_\_ My complete registration form

\_\_\_\_\_ The Diocese of West TN Waiver complete with insurance information

\_\_\_\_\_ The Hidden Valley Skiing/Snowboarding Waiver

\_\_\_\_\_ Check made out to "Grace-St. Luke's Church" with "Diocesan Youth Ski Trip" in the memo line, or I have communicated that I would like a scholarship

\_\_\_\_\_ A copy of my insurance card, front and back

Please mail all forms and payments to:

Calvary Episcopal Church  
Attn: Kayla Bartosch  
102 N. Second St.  
Memphis, TN 38103

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## Scholarship Information and Request

“Pay what you can” scholarships are available for any youth attending the 2018 Ski Trip. Please fill out the information below and return to Kayla Bartosch ([kbartosch@calvarymemphis.org](mailto:kbartosch@calvarymemphis.org), 102 N. Second St., Memphis 38103) by Sunday, December 17<sup>th</sup>.

**Youth Name:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

Please add the following amounts that apply to you and total:

    \$250     Base cost

             Extra lesson (first lesson provided): \$5 for ski, \$15 for snowboard

             TOTAL (this is the amount it will cost for your child to go on the trip, NOT the amount you are requesting)

**Amount of scholarship request** (can be anything up to full amount in TOTAL): \_\_\_\_\_

**Amount that you will pay** (TOTAL minus scholarship request): \_\_\_\_\_

If the amount that you will pay is greater than \$0, please mail a check to:

Calvary Episcopal Church

Attn: Kayla Bartosch

101 N. Second St.

Memphis, TN 38103

Parent/Guardian Signature: \_\_\_\_\_