

# Winter Youth Conference 2004

## White Eagle Conference Center

This application is for the Winter Youth Conference, February 20-22, 2004 at White Eagle Conference Center in Hamilton NY (learn more about the facility at [www.whiteagle.com](http://www.whiteagle.com)). When filling out this application, please be sure to fill in all blanks.

There are two parts to the application. The first is the personal information, financial information, and medical release form, which is this two-sided form. The second part is a Rector's Recommendation form. This may be sent in separately, but must still be included, as it is a part of the application process.

All space is limited and is on a first-come, first-served basis. Cost of the weekend is \$100.00 per person. **Payment for the weekend must accompany this application for it to be considered as a completed application.**

10-11-12 WYC  
(For those going in 10-11-12 grades)  
Conference date: Feb 20-22, 2004  
Registration deadline: February 1  
Fee: \$100.00

Name: \_\_\_\_\_ Name You Wish to be Called: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Gender: F M Have you been baptized?: Y N

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade in School: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Parish Name: \_\_\_\_\_ Rector: \_\_\_\_\_

### Payment Information:

My family will be paying:

\$ \_\_\_\_\_

My Parish will be Paying:

\$ \_\_\_\_\_

I need a Diocesan  
Scholarship for:

\$ \_\_\_\_\_

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

\_\_\_\_\_  
Rector's Signature

\_\_\_\_\_  
Diocesan Youth Minister

Make Checks Payable to:

**The Diocese of Central New York**

If you need additional information, call St. John's, Marcellus, at (315) 673 2500

Send applications to:

**The Rev. Julie Calhoun-Bryant**  
15 Orange Street  
Marcellus, NY 13108

**Total Due: \$100.00**  
**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Amount Received:** \_\_\_\_\_  
**Check #:** \_\_\_\_\_  
**Personal** \_\_\_\_\_ **Church** \_\_\_\_\_

## Medical Release and Permission Form

Is there any medical condition we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

Any allergies to foods or drugs? (If yes, please list) \_\_\_\_\_

\_\_\_\_\_

Any physical conditions that may limit participation in this event's activities? \_\_\_\_\_

\_\_\_\_\_

Any special dietary needs or restrictions? (If yes, please list) \_\_\_\_\_

\_\_\_\_\_

Under a doctor's care? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Any perscribed medical treatment or drugs to be taken during this event? (If yes, please describe)

\_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy/ID Number: \_\_\_\_\_

In Emergency, notify: \_\_\_\_\_

Telephone Number: (       ) \_\_\_\_\_

I give permission for my son/daughter to attend the Winter Youth Conference, February 20-22, 2004 at White Eagle Conference Center in Hamilton, NY. In the case of a medical emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hearby authorize any necessary emergency medical care, and agree to pay all charges connected with such treatment, not covered by insurance.

\_\_\_\_\_  
Signature of son/daughter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Relationship to young person



# Rector's Recommendation

Name of Conferee: \_\_\_\_\_

Name of Rector: \_\_\_\_\_

Parish: \_\_\_\_\_ Telephone #: \_\_\_\_\_

The purpose of Youth Conferences are to provide young people with the opportunity to be part of a community of their peers, through which they might be strengthened in their ministry with the local parish. The above named person would like to attend a Youth Conference.

We would appreciate your remarks and recommendation (or non-recommendation) of this person. Please include the nature of his/her involvement with the parish and also any concerns you may have about pressures in his/her life that may affect participation in the program.

Young people who would like to invite friends who are not Episcopalians to attend the Youth Conference are welcome to do so. However, they must come under the sponsorship of a local Episcopal parish.

This recommendation is an integral part of the planning process and needs to be sent in two weeks before the Youth Conference weekend. Thank you for your assistance

Brief description of applicant's participation in church including attendance, youth group, acolyting, etc: \_\_\_\_\_

\_\_\_\_\_

Are there other activities this person is involved in and to what degree? (ex: work, school, other): \_\_\_\_\_

\_\_\_\_\_

Is there anything that you are aware of that may indicate this person may not be ready to participate at this time?:

\_\_\_\_\_

Any other comments: \_\_\_\_\_

\_\_\_\_\_

Do you recommend this young person?      \_\_\_\_\_ Yes      \_\_\_\_\_ Not at this time

\_\_\_\_\_ Rector's Signature      Date

PLEASE MAIL TO:  
The Rev. Julie Calhoun-Bryant/ St. John's Episcopal Church  
15 Orange Street / Marcellus, NY 13108