



Our Savior Lutheran Church

and Our Savior New American School (Preschool through Grade Twelve)

140 Mark Tree Road • Centereach, NY 11720-2273

Phone (631) 588-2757 • Fax (631) 588-2617 • www.oursaviorlongisland.org

PROCLAIMING CHRIST

To the Heart of Long Island

Rev. Ronald Stelzer

*Senior Pastor
and School Founding Pastor*

Gary D'Aquino

Assistant to the Pastor

Ray Kenetski

Director of Music

Dr. Wil Stelzer

School Administrator

Robin Reade

Administrative Secretary

Our Savior Lutheran Church

Camp DeWolfe Youth Retreat

May 28-30th, 2022

REGISTRATION FORM

Youth Name (Please Print) _____ Male Female

Birth date: _____ Grade: _____

Address: _____

Youth's Contact Phone #: _____

Parent/Legal Guardian Name: _____

Your Relationship to Youth: _____

Best Contact Phone #: _____

RELEASE AND CONSENT FORM (Minors 18 and under)

I, _____ the undersigned, give permission for my son/daughter _____ to attend **OSLC Youth Retreat at Camp DeWolfe in Wading River, NY (5/28-30/22)**. It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. In consideration of my child's being permitted to participate in the OSLC Youth Retreat, I personally and on behalf of my child, hereby release Our Savior Lutheran Church and their employees; volunteers, the coordinators and chaperones; from any liability for injuries or damages arising or resulting from participation in the **OSLC Youth Retreat**, in and/or transportation to and there from. In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel.

Permission is hereby granted to Our Savior Lutheran Church to use the photographs and quotations of my son/daughter to assist in community awareness, educational efforts, and related public relations proposed that may include brochures, posters, website and print/social media posts. **(Please check if yes)**

My child agrees to abide by all rules and regulations as outlined in the Code of Behavior, as well as any other rules or guidelines the leaders, chaperones, staff and/or volunteers may state. I understand that Our Savior Lutheran Church will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the **OSLC Youth Retreat** and my child must be picked up by a parent/guardian as soon as notified.

Parent or Legal Guardian signature

Date

Contact Phone Number: _____

Alternate Phone Number: _____

YOUTH

As a participant of the **Our Savior Lutheran Church Youth Retreat**, I understand and agree to the Code of Behavior (listed below) as well as any other rules or guidelines the leaders, chaperones, staff and/or volunteers may state. I also understand and agree that my parents/legal guardian will be notified at the time of any infractions requiring my dismissal from the **OSLC Youth Retreat** and that I will be sent home at my own and or parent's/guardian's expense.

Youth signature

Date

CODE OF BEHAVIOR

The following guidelines will ensure a fun and safe experience for all of us:

- 1) Participants may not leave Camp DeWolfe at any time.
- 2) Participants are expected to attend all events on time and participate fully.
- 3) Participants must be in groups of 3 or more at all times.
- 4) Smoking, drinking, drugs, cursing, bullying, or any aggressive behavior is strictly prohibited.
- 5) Participants are responsible for any damage they may cause to Camp DeWolfe facilities.
- 6) The use of electronic devices (cell phone, games, music players, etc) are prohibited during devotion times, services and small groups.
- 7) There will be no public display of affection.
- 8) All participants, adults and youth, will be held to the highest Christian standards of morality. In the event that a behavior problem requires disciplinary action, a OSLC Youth Ministry designee, along with the individual's chaperone, will address the situation and make the necessary decision.

We greatly appreciate your cooperation in following the Code of Behavior.

MEDICAL INFORMATION

(Please Print)

My son/daughter is allergic to (medication/food/other):

My son/daughter must take the following medications and will be bringing enough medication for_____. (Indicate medication, dosage, frequency, etc. Medication must be given to your adult chaperon to hold/administer): _____

You should be aware of these special medical conditions or needs of my child (Dietary, medical, mental health, walking assistance, bee sting allergies, other conditions):

Please provide all necessary information about insurance:

Insurance Carrier: _____

Policy #_____ **Policy Carrier:**_____

Benefit/Plan/Group # _____

In case of emergency notify: _____ **Relationship to youth:**

Phone: _____

Alternate Phone:_____