



# Youth Rally 2013

Monday, August 12 – Saturday, August 17

## *Attendee Packet*

We are thankful that you are considering coming to this year's Youth Rally 2013. If you have been to past Rallies, you know that it is an unforgettable experience. If you have not attended, you will surely discover that coming to Rally is something that you will look forward to year after year. It is a time of meeting and making friends that share your Orthodox Faith, developing relationships, discovering new things about your Faith, the Church, yourself, and others who you meet during Rally, and having lots of fun in the process.

There is plenty to do at Youth Rally. In addition to time for learning, there is time for activities like swimming, sports & field games, arts & crafts, trail-walking, and more. We also plan to take an afternoon and evening to go to Canobie Lake Park, a really great amusement park located close to the campgrounds.

Youth Rally begins this year on Monday, August 12, 2013. This packet of forms and information will hopefully provide enough information for you and your family to make a decision about your coming to Youth Rally. If you need more information, you can certainly contact me. My phone number and email address are at the bottom of this letter.

### **The deadline for registration is Friday, July 12, 2013.**

We expect that His Eminence, Archbishop NIKON, our diocesan bishop will be joining us for a day at Rally. I am sure that His Eminence is looking forward to this opportunity to spend time together and so are we.

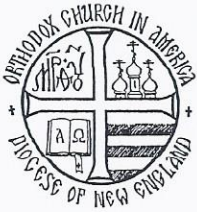
We greatly anticipate having you join us this year at Youth Rally. Please consider it strongly. You won't regret it!

In Christ,

Fr. John Hopko  
Youth Rally Director

### **CONTACT INFORMATION:**

Fr. John Hopko  
Diocesan Youth Director  
34 Fairview Avenue  
Terryville, CT 06786-6329  
Tel. (860) 582-3631  
Email: [saintcyril@snet.net](mailto:saintcyril@snet.net)



# Youth Rally 2013

## *Basic Information*

- Youth Rally is intended to be an event where diocesan youth come together in a camp setting for Orthodox Christian education, fellowship, and worship. It is a time for learning more about our Orthodox Faith and applying it in the world in which we live. It is also a time for making or renewing friendships, and having fun!
- **Youth Rally 2013 takes place the week of August 12-17.** Volunteers and staff report to camp in New Hampshire on Sunday, August 11. Rally attendees arrive at the camp on Monday, August 12, between 2:30 PM and 4:30 PM and will depart on Saturday, August 17, at 12:15 PM. *Please note that on Saturday morning, August 17, the Divine Liturgy will be celebrated at Youth Rally beginning at 9:30 AM.*
- **You are eligible to attend Youth Rally if, at the time of Rally, you will have completed the fifth grade and will have not yet celebrated your 18<sup>th</sup> birthday.**
- Fees for attending Youth Rally are: \$175 per person, or \$300 per family (unlimited number). Checks are to be made out to the "Diocese of New England."
- Adult Volunteers for Youth Rally are always welcome. There is especially the need for cabin counselors. Those interested should contact Fr. John Hopko (contact info below) for more information and requirements. *Cabin counselors are asked to stay the entire week of Rally.*
- **To obtain registration forms, please contact your parish priest or, if necessary, contact Fr. John Hopko (contact info below).**
- **Deadline for registration is Friday, July 12, 2013.**
- The Saint Methodios Faith and Heritage Center, which is the Greek Orthodox Metropolis of Boston's camp and retreat center, is located in Contoocook, New Hampshire, approximately 90 miles from Boston. The campground sits on 120 acres of wooded terrain. It directly abuts a small lake that is used for outdoor activities during Youth Rally. A lifeguard is present for all scheduled waterfront activities. Other amenities include a basketball court, a volleyball court, a state-of-the-art kitchen and dining facility, a recreation hall, a chapel, hiking trails, dormitories and more.
- Sleeping accommodations are provided in cabins, almost all of which have been winterized. Each cabin will have at least two cabin counselors assigned to it.
- A nurse is present during the entire Youth Rally to administer basic first aid, and to dispense allowable medications.
- **This year unfortunately we do not have a "Connecticut Bus."** Circumstances have changed and we are not able to offer that service. If you are able to offer a ride (or if you need a ride) to and/or from New Hampshire to Connecticut, please let Fr. John Hopko (contact info below) know right away by phone or by email so that he can try to connect people with one another to set up carpools.
- One off-site trip is usually a part of the Youth Rally. We are planning to go to Canobie Lake Park, an amusement park located in Windham, New Hampshire, for an afternoon/evening.
- We hope that, as in past years, our bishop (or his representative) will be making a visit to Rally during the week.
- There exists a set of rules for behavior at Youth Rally. These rules apply to everyone – "Rallyers" and volunteers alike. Disregarding these rules may result in dismissal from Youth Rally. These rules exist for the safety of all those who attend Youth Rally.

### **Contact Info:**

**Fr. John Hopko**

**34 Fairview Avenue, Terryville, CT 06786-6329**

**Email: [saintcyril@snet.net](mailto:saintcyril@snet.net)**

**Tel. 860-582-3631**



# Youth Rally

## Information Sheet

What to bring to Rally:

### Necessities

- Towels (1 shower/1 beach)
- Bathrobe (Or a large towel to wrap yourself up in decently!)
- Clothes for the week
- Swimwear (Modest!)
- Sweatshirt/Sweater/Jacket/Fleece (It gets cold at night)
- Sneakers (2 pairs)
- Sleeping bag, sheets, pillow
- Toiletries
- Bug repellent
- Raingear
- Flashlight and extra batteries
- Flip-flops for shower (Very important)
- Sunscreen
- Spending money (\$40.00)

### Optional

- Your personal Bible and Prayerbook
- Hiking Boots
- Camera
- Pencil/pen
- Stationery
- Pre-stamped envelopes
- Small musical instruments
- Small Backpack
- Sunglasses
- A cap with a brim to ward off the sun

### **GENERAL CONTACT INFORMATION AND DIRECTIONS**

- The **Saint Methodios Faith and Heritage Center**, which is the Greek Orthodox Metropolis of Boston's camp and retreat center, is located at **329 Camp Merrimac Road, Contoocook, New Hampshire, 03229**, approximately 90 miles from Boston. The telephone number for the camp is **(603) 746-4400**. We ask that incoming calls be restricted to those of an urgent nature only.
- The camp sits on 120 acres of wooded terrain. It directly abuts a small lake that is used for outdoor activities during Youth Rally. A lifeguard is present for all scheduled waterfront activities.
- Sleeping accommodations are provided in cabins, most of which have been winterized. Each cabin will have at least two cabin counselors assigned to it.
- A nurse is present during the entire Youth Rally to administer basic first aid, and to dispense allowable medications.
- **General Directions to the camp are as follows (though it would be good to consult a map and or a mapping/directions site on the Internet, too, before setting out):**

From the South (Boston area):

1. Take I-93 North to I-89 North in New Hampshire,
2. Follow I-89 North to Exit 6,
3. Take Exit 6 (Contoocook/W. Hopkinton/Rte. 127) off of I-89,
4. Bear RIGHT off exit onto Rte. 127 North
5. Follow Rte. 127 North for 1.4 miles into the town center of the village of Contoocook,
6. At the Stop Sign, take a LEFT,
7. Cross over the small stone bridge, bearing LEFT over the bridge (the Fire Department is on the left),
8. Take an immediate LEFT onto Pine Street (between the Fire Department and the Merrimac County Telephone Company),
9. Follow Pine St. for about 2.7 miles, until you see a sign for the Saint Methodios Faith and Heritage Center on your right,
10. Take a right at the sign and follow Camp Merrimac Road about seven-tenths of a mile to the Camp.

From the Southwest (Connecticut/Western Massachusetts area):

1. Take I-91 North, through Massachusetts, into Vermont
2. Take Exit 3, and follow signs for VT-9E (Rte 9 East towards Keene, NH): *Watch for and follow signs for Rte 9 East!*
3. Follow Rte. 9 East out of Vermont and into New Hampshire,
4. Follow Rte. 9 East past Keene, NH, and across New Hampshire, until you reach I-89,
5. Get on I-89 North,
6. Take I-89 North a very short way to Exit 6,
7. Follow the directions from Point 3 above.

From the North (traveling down I-89 SOUTH):

1. Follow I-89 SOUTH to Exit 6,
2. Take Exit 6 (Contoocook/W. Hopkinton/Rte. 127) off of I-89,
3. Bear LEFT off exit onto Rte. 127 North,
4. Follow the directions from Point 5 above.

Travel safely! We hope to see you at this year's Youth Rally!

# New England Diocesan Youth Rally

## Schedule 2013 *(Version of 5/23/2013—subject to possible change)*

### Sunday, August 11 (STAFF ONLY)

4:00 – 6:00 PM Arrival of Rally Staff  
 6:30 PM Dinner for Rally Staff *(off-site, in town)*  
 8:30 PM Orientation for Rally Staff *(at camp)*  
 10:30 PM Night Prayers/Compline

### Monday, August 12

8:30 AM Morning Prayers/Matins for Rally Staff  
 9:20 AM Breakfast for Rally Staff  
 9:50 AM Rally Staff Training Session  
 1:00 PM Light Lunch for Rally Staff  
**2:30 – 4:30 PM Rallyers Arrival & Check-in**  
 5:00 PM Dinner  
 6:00 PM Vespers  
 6:45 PM Orientation for all Rally Participants  
 8:45 PM Snack  
 9:15 PM Night Prayers/Compline  
 9:30 PM Omegas to Cabins  
 10:00 PM Omegas Lights out  
 11:00 PM Alphas to Cabins  
 11:30 PM Alphas Lights out

### Tuesday, August 13

*(His Eminence, Archbishop NIKON, is scheduled to visit with us on this day, so the schedule may be modified accordingly in the morning and early afternoon.)*

7:30 AM Rise  
 8:30 AM Morning Prayers/Matins  
 9:20 AM Breakfast  
 9:50 AM Daily Elective Selection  
 10:00 AM Cabin Cleanup  
 10:30 AM Church Singing/Choir Practice  
 11:05 AM Christian Education  
 12:35 PM Wash Hands and Faces before Lunch  
 12:45 PM Lunch  
 1:15 PM Quiet Time in Cabins  
 2:00 PM Electives  
 3:00 PM Change Clothes for Waterfront Activities  
 3:15 PM Waterfront Orientation and Swim Tests  
 3:30 PM Waterfront  
 (NOTE: For Waterfront Time, all Staff and Rallyers are expected to be at the Waterfront. This does not mean that all are required to swim. Those who so desire are welcome to sit at the benches near the beach and to socialize, play board games, do some crafts, etc.)  
 4:45 PM Showers before Vespers and Dinner  
 5:15 PM Vespers  
 6:00 PM Dinner  
 7:00 PM Evening Activity: Scavenger Hunt  
 8:45 PM Snack  
 9:15 PM Night Prayers/Compline  
 9:30 PM Omegas to Cabins  
 10:00 PM Omegas Lights out  
 11:00 PM Alphas to Cabins  
 11:30 PM Alphas Lights out

### Wednesday, August 14 – Eve of the Feast of Holy Dormition

7:30 AM Rise  
 8:30 AM Morning Prayers/Matins  
 9:20 AM Breakfast  
 9:50 AM Elective Selection: Choice of Water Games or Arts and Crafts at 2:00 PM  
 10:00 AM Cabin Cleanup  
 10:30 AM Church Singing/Choir Practice  
 11:05 AM Christian Education  
 12:35 PM Wash Hands and Faces before Lunch  
 12:45 PM Lunch  
 1:15 PM Quiet Time in Cabins  
 2:00 PM Activity/Elective: Watering the Field Games (i.e., water games enjoyed in the safety of the outdoors, etc.) [If you do not wish to participate in the Water Games, an Arts and Crafts Elective will be offered at this time.]  
 3:15 PM Waterfront  
 4:45 PM Showers before Vespers and Dinner  
 5:15 PM Great Vespers with Litya  
 6:15 PM Dinner  
 7:00 PM Evening Activity: Movie Night  
 8:45 PM Snack  
 9:15 PM Night Prayers/Compline  
 9:30 PM Omegas to Cabins  
 10:00 PM Omegas Lights out  
 11:00 PM Alphas to Cabins  
 11:30 PM Alphas Lights out

### Thursday, August 15 – Feast of Holy Dormition

7:30 AM Rise  
 8:30 AM Hours  
 8:45 AM Festal Divine Liturgy  
 10:30 AM Breakfast  
 11:15 AM Christian Education  
 12:45 PM Cabin Cleanup  
 1:15 PM Light Lunch  
 2:00 PM Organizational Gathering before Departure for Amusement Park  
 2:45 PM Group Photograph  
 3:00 PM Leave for Canobie Lake Amusement Park  
 4:00 PM Arrival at Canobie Lake Amusement Park  
 7:30 PM Check-in at Carousel  
 10:00 PM Departure from Amusement Park  
 11:00 PM Everyone in Cabins  
 11:30 PM All Lights out

### Friday, August 16

8:30 AM Rise  
 9:15 AM Breakfast  
 9:45 AM Daily Elective Selection  
 10:00 AM Morning Prayers/Matins  
 10:50 AM Church Singing/Choir Practice  
 11:15 AM Christian Education  
 12:35 PM Wash Hands and Faces before Lunch  
 12:45 PM Lunch  
 1:15 PM Quiet Time in Cabins  
 2:00 PM Electives  
 3:00 PM Change Clothes for Waterfront Activities  
 3:15 PM Waterfront  
 4:45 PM Showers before Vespers and Dinner  
 5:15 PM Vespers  
 6:00 PM Dinner  
 7:00 PM Evening Activity: Confessions and Campfire  
 8:45 PM Snack  
 9:30 PM Omegas to Cabins  
 10:00 PM Omegas Lights out  
 11:00 PM Alphas to Cabins  
 11:30 PM Alphas Lights out

### Saturday, August 17

7:30 AM Rise  
 7:45 AM Pack to go home and Cabin Cleanup  
 9:00 AM Bring all luggage to the Dining Hall  
 9:15 AM Hours  
 9:30 AM Divine Liturgy  
 11:15 AM Brunch  
**12:15 PM Departure of Rallyers**  
 1:45 PM Departure of Staff

### **Notes:**

- The Alphas are the older Rallyers, the Omegas are the younger ones. (If you were born in 1999, or earlier, you are an Alpha. If you were born in 2000, or thereafter, you are an Omega.)

# Diocese of New England Youth Rally Application – 2013

(An Orthodox Christian Residential Camp Program for Young People who have completed the 5<sup>th</sup> grade, but have not yet celebrated their 18<sup>th</sup> birthday.)

## Applicant Information (please print legibly and clearly!)

Full first Name of Applicant to Participate in Youth Rally: \_\_\_\_\_ Date of Birth of Applicant: \_\_\_\_\_

Home Address of Applicant: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email Address at which Applicant may receive information about this application and about Youth Rally 2013: \_\_\_\_\_

What Adult Size T-Shirt fits this Young Person? (Circle One): S M L XL XXL

At the time of Youth Rally 2013, will this applicant have completed 5<sup>th</sup> grade, but not yet celebrated his or her 18<sup>th</sup> birthday? [ ] YES [ ] NO

Has this applicant previously attended a sleep-away camp? [ ] YES [ ] NO

## Home Parish Information

Name of Home Parish: \_\_\_\_\_ Home Parish is located in (City, State): \_\_\_\_\_

**Approval of Parish Priest:** I approve of and bless the above named applicant's desire to participate in Youth Rally 2013.

Parish Priest's Name (printed legibly, please): \_\_\_\_\_ Signature of Parish Priest: \_\_\_\_\_

**PAYMENT:** Enclosed is a payment in the amount of \$ \_\_\_\_\_ in full payment of the Youth Rally 2013 attendance fee.

(NOTE: Please make checks payable to: "Diocese of New England.")

I understand that the cost of the program is \$175.00 (OR \$300.00 per family) which is due, with this completed application and all accompanying documentation, by July 12, 2013.

In addition to this registration application and the enclosed fee payment we have also completed, signed and are submitting the following **four items:** (Please "initial" the blank besides each item.)

## ***These four items are truly important and must be submitted correctly!!!***

1. \_\_\_\_\_ THE HEALTH AND MEDICAL INFORMATION FORMS
2. \_\_\_\_\_ THE YOUTH RALLY PARTICIPANT COVENANT FORM
3. \_\_\_\_\_ THE YOUTH RALLY PARENTAL CONSENT STATEMENT WITH YOUTH RALLY PHOTO RELEASE
4. \_\_\_\_\_ A PHOTOCOPY OF THE FRONT AND BACK OF THE YOUTH RALLY PARTICIPANT'S HEALTH INSURANCE CARD

## TRANSPORTATION TO AND FROM CAMP

[ ] Parent or Guardian will be bringing and picking up camper. What time and date? \_\_\_\_\_

[ ] Parent or Guardian has made arrangements for camper's transportation. What time and date? \_\_\_\_\_

Name of person picking up camper: \_\_\_\_\_ Phone #: \_\_\_\_\_

Driver's License State and #: \_\_\_\_\_ Additional Phone #: \_\_\_\_\_

(License information will be verified before allowing camper to travel with named driver.)

**AGREEMENT:** The undersigned acknowledge that during participation at this Orthodox Christian Camp Program (i.e., the Diocese of New England Youth Rally), at the camp site and at other facilities used for supervised camp-related activities, certain risks and dangers may occur. These include, but are not limited to, loss or damage to personal property, physical or psychological damages and/or injury, not excluding fatality, due to accidents, which may occur. I also acknowledge that participants may be transported off the campsite for supervised camp-related activities.

In consideration, and as a part of the right to participate in this Orthodox Christian Camp Program, I have and do hereby assume all of the above risks and any other ordinary risk incidental to the nature of these activities which are not specifically foreseeable, and will hold the Orthodox Church in America, this Orthodox Christian Camp Program (i.e., the Diocese of New England Youth Rally), and others providing service to the camp, harmless from any and all liability actions, causes of action, debts, claims, and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss, which may arise in connection with the participant's participation in this Orthodox Christian Camp Program (i.e., the Diocese of New England Youth Rally).

In signing this release statement, I also give the administration of this Orthodox Christian Camp Program (i.e., the Diocese of New England Youth Rally), including, but not restricted to, the Rally Director and the Rally Nurse, full authority, as temporary guardians, to act on my behalf regarding my child. I understand that in case of emergency, the Rally Director, the Rally Nurse, and/or designated Rally staff will try to contact me, but until such time, they will make all necessary decisions to ensure the safety and well being of my child. I also give permission for my child to participate in all camp activities, both on as well as off campsite while on field trips, unless I specify otherwise.

Parent's/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Legal Guardian's Name (Print legibly, please) \_\_\_\_\_

Rally Participant's (Rallyer's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rally Participant's (Rallyer's) Name (Print legibly, please): \_\_\_\_\_



## Youth Rally 2013 Parental Consent Statement

I, the parent/guardian of *(fill in your Child's Name)* \_\_\_\_\_ understand and agree to the following:

1. My child will be under the supervision of the Youth Rally staff from the time of arrival until the time of departure and will abide by the Rules of the Rally that have been set forth.
2. My child will abide by the Rules of the Rally for the entire duration of Rally. Failure to comply by these rules may result in my being notified and/or in my child's dismissal from the Rally.
3. I shall pay the total sum of the designated Rally fee and shall forfeit this fee if serious infractions or disobedience should result in my child's dismissal from the Rally. In addition, I agree to arrange and pay (if necessary) for transportation of my child from Rally should such dismissal occur.
4. My child will remain on Rally property during the entire week (except for supervised field trips) and shall not be permitted the use of any vehicle without proper approval from camp authorities.
5. My child shall participate in all planned activities as scheduled with the exception of activities deemed to be detrimental to his/her health.
6. My child has permission to leave the camp premises under supervision of camp personnel. This would be for participation in off-site Rally activities as arranged and approved by the Rally director(s).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed, legibly):

+++++  
+++++  
+++++

## Youth Rally Photo Release

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby authorize and consent to the use of his/her visual image by the Orthodox Church in America (OCA), the Diocese of New England (DNE) and the OCA DNE Youth Rally for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian (printed, legibly):



# Youth Rally Covenant

Youth Rally is an event that is intended to allow you to learn, to worship, to pray, and to play in a safe, friendly, Christian environment.

In order to allow Youth Rally to succeed in this goal, some basic rules need to exist and be enforced. These rules are listed below. As a Youth Rally attendee, you are expected to become familiar with these rules and abide by them during your time at Rally. You must also know that failure to comply with these rules during your time at Rally may result in the notification of your parents and/or your dismissal from Youth Rally.

Please read these rules and sign your name at the designated place at the bottom of the page. By signing your name, you are stating that you have read, understand, and will abide by these rules all the time that you are at Youth Rally. You are also stating that you understand the consequences if you fail to abide by the rules.

Again I remind you that these rules exist to make sure that your experience at Youth Rally will be the best, safest, and most enjoyable that it can be.

*Fr. John Hopko, Rally Director*

## Rules of the Rally

- Rally participants will attend and participate in all discussions and worship services during Rally. They will be on time for all scheduled events including services and class sessions.
- Rally participants will stay on the campgrounds at all times unless permission is granted by the Rally Director.
- No alcohol, drugs, tobacco, weapons, firearms, knives, fireworks or other clearly dangerous and or illegal items are allowed at Rally.
- Electronic devices such as (but not limited to) iPods, iPads, iPhones, mp3 players, smartphones, cellphones, handheld computer games, laptop computers, etc., etc., are discouraged and may only be used with the permission of the Rally Director. Phones may be brought to camp and used ONLY with the permission and at the discretion of the Rally Director. *Absolutely no audio or video recordings are to be made without the express consent and permission of those being recorded.*
- Smoking is not permitted on the campgrounds.
- Waterfront areas are to be used ONLY when the camp lifeguard is present. Bathing suits are to be worn only for waterfront activities.
- Rough play and fighting are not allowed at Rally. Peaceful resolution to all problems are to be sought out, if necessary, with the help of Rally Staff.
- No phone calls are to be made on camp telephones without permission of the Rally Director.
- Rallyers must be responsible to their assigned cabin counselors at all times, unless otherwise designated by Senior Rally staff.
- Dress and attitude should reflect our Orthodox Christian beliefs. No immodest attire should be brought (no bare midribs or droopy shorts!), and appropriate clothes should be worn at church services.
- Rallyers are expected to be in their sleeping areas and quiet by the time designated for "Lights Out" each evening.
- Boys are not allowed in girls' cabins and girls are not allowed in boys' cabins.
- Stay safe and well!

Signature of Rally Attendee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Rally Attendee (printed, legibly): \_\_\_\_\_

Signature of Rally Attendee's Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Rally Attendee's Parent or Legal Guardian (printed, legibly): \_\_\_\_\_

*Please return this signed Covenant with your registration forms*

This form is for: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health History to be filled out by Parent or Guardian (page 1 of 3)**

**Basic Contact Information**

**Rally Participant's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age when at Rally: \_\_\_\_\_ Gender (circle one) Male or Female

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Additional Phone Number(s): \_\_\_\_\_

**Parent or Guardian's Information (Emergency Contact #1) How Related to Rally Participant: \_\_\_\_\_**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Additional Phone Number(s): \_\_\_\_\_

**Second Parent or Second Guardian's Information (Emergency Contact #2) How Related to Rally Participant: \_\_\_\_\_**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Additional Phone Number(s): \_\_\_\_\_

**Emergency Contact # 3 (In addition to the Parents/Guardians listed above.) How Related to Rally Participant: \_\_\_\_\_**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Additional Phone Number(s): \_\_\_\_\_

**Insurance Information (IMPORTANT: You must send us a copy your child's health insurance card, front and back!!!)**

*You are responsible for any incurred medical expenses. If you need pre-approval for out-of-plan services, it is your responsibility to notify your insurance provider.*

Insurance Provider/Company: \_\_\_\_\_ Claims Phone Number: \_\_\_\_\_

Participant I.D. #: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Date of Birth of Policy Holder: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship to Rally Participant: \_\_\_\_\_

Primary Care Physician's (PCP) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist/Orthodontist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Permission to Treat and Financial Responsibility**

This health history is correct and complete as far as I know. The person herein named has permission to engage in all Youth Rally (camp) activities except as noted. I hereby give permission to the Youth Rally (camp) to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Youth Rally (camp) to secure and administer treatment, including hospitalization, for the person named above. I also give permission for the Youth Rally (camp) to arrange related transportation.

It is my intention that the Youth Rally (camp) be treated as acting *in loco parentis* inasmuch as the person herein named is a minor. Further, it is my intention that the appropriate representatives of the Youth Rally (camp) be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to Youth Rally (camp) representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the Youth Rally (camp) representatives related to the person's ability to participate in Youth Rally (camp) activities; and (ii) in the case of minors, to provide relevant information to the Youth Rally (camp) representatives to keep me informed of my child's health status.

I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I will assume financial responsibility for any services provided by the treating physician or hospital not paid by my insurance company for any reason. This completed form may be photocopied for trips out of Youth Rally (camp).

Signature of Parent/Guardian: \_\_\_\_\_ Relationship to Rally participant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_



**Health History to be filled out by Parent or Guardian (page 2 of 3)**

Allergies	Reaction	Treatment
Food Allergies _____	_____	_____
_____	_____	_____
Medication Allergies _____	_____	_____
_____	_____	_____
Other Allergies (Insect Stings, hay fever, environmental, dander, etc.) _____	_____	_____
_____	_____	_____

**Dietary Restrictions/Choices (circle/check those that apply)**

- Does not eat red meat    
 Does not eat poultry    
 Does not eat pork    
 Does not eat eggs    
 Does not eat dairy products    
 Lactose Intolerant  
 Does not eat fish    
 Does not eat shellfish    
 Other (please specify): \_\_\_\_\_

**General Questions (Please explain any YES answers below.)**

Has or does the person for whom this form is being filled out...

- |   |   |
|---|---|
| 1) ...had any recent injury, illness or infectious disease? <input type="checkbox"/> No <input type="checkbox"/> Yes                  | 18) ...have an orthodontic appliance being brought to camp? <input type="checkbox"/> No <input type="checkbox"/> Yes                      |
| 2) ...have any chronic or reoccurring illness or condition? <input type="checkbox"/> No <input type="checkbox"/> Yes                  | 19) ...have any skin problems? <input type="checkbox"/> No <input type="checkbox"/> Yes   |
| 3) ...ever been hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes  | 20) ...have diabetes? <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 4) ...have frequent headaches? <input type="checkbox"/> No <input type="checkbox"/> Yes   | 21) ...have asthma, wheezing or shortness of breath? <input type="checkbox"/> No <input type="checkbox"/> Yes                             |
| 5) ...ever had surgery? <input type="checkbox"/> No <input type="checkbox"/> Yes  | 22) ...had mononucleosis within the past 12 months? <input type="checkbox"/> No <input type="checkbox"/> Yes                              |
| 6) ...ever had a head injury or been knocked unconscious? <input type="checkbox"/> No <input type="checkbox"/> Yes                    | 23) ...had problems with diarrhea or constipation? <input type="checkbox"/> No <input type="checkbox"/> Yes                               |
| 7) ...wear glasses, contacts or protective eye wear? <input type="checkbox"/> No <input type="checkbox"/> Yes                         | 24) ...Had problems with frequent stomachaches? <input type="checkbox"/> No <input type="checkbox"/> Yes                                  |
| 8) ...ever had frequent ear infections? <input type="checkbox"/> No <input type="checkbox"/> Yes                                      | 25) ...have problems with falling asleep or sleep walking? <input type="checkbox"/> No <input type="checkbox"/> Yes                       |
| 9) ...ever had fainting or dizziness? <input type="checkbox"/> No <input type="checkbox"/> Yes  | 26) ...if female, have an abnormal menstrual history? <input type="checkbox"/> No <input type="checkbox"/> Yes                            |
| 10) ...ever had seizures? <input type="checkbox"/> No <input type="checkbox"/> Yes  | 27) ...have a history of bed wetting? <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 11) ...ever had chest pain or passed out during or after exercise? <input type="checkbox"/> No <input type="checkbox"/> Yes           | 28) ...ever had an eating disorder? <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 12) ...ever had high blood pressure? <input type="checkbox"/> No <input type="checkbox"/> Yes   | 29) ...ever been treated for an attention deficit disorder such as ADD or AD/HD? <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13) ...ever been diagnosed with a heart defect/disease (heart murmur, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes | 30) ...ever experienced homesickness? <input type="checkbox"/> No <input type="checkbox"/> Yes  |
| 14) ...ever suffered from a bleeding or clotting disorders? <input type="checkbox"/> No <input type="checkbox"/> Yes                  | 31) ...travelled out of the country in the last 9 months? <input type="checkbox"/> No <input type="checkbox"/> Yes                        |
| 15) ...ever had back problems? <input type="checkbox"/> No <input type="checkbox"/> Yes   | 32) ...ever been treated for emotional or behavioral difficulties? <input type="checkbox"/> No <input type="checkbox"/> Yes               |
| 16) ...ever had problems with joints (knees, ankles, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes                  | 33) ...had a life event that continues to affect his or her life? <input type="checkbox"/> No <input type="checkbox"/> Yes                |
| 17) ...ever suffered a bone fracture? <input type="checkbox"/> No <input type="checkbox"/> Yes  |   |

Please explain any YES answers to above questions (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give further information concerning behavior and physical, emotional or mental health of which the Rally should be aware (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This form is for: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health History to be filled out by Parent or Guardian (page 3 of 3)**

**Medications**

Will the Rally participant for whom this form is being filled out be using medications (prescription OR non-prescription) while at Youth Rally?  Yes  No

If a Rally participant will be using ("taking") medication(s) while at Youth Rally, he or she must have consent of his or her parent or legal guardian for those meds to be distributed to him or her by the Rally Medical staff. Please list here **every medication** of every type (prescription meds, over-the-counter meds, vitamins, supplements, etc.) or form (tablets, crèmes, lotions, syrups, mists, etc.) that your Rally participant will be bringing to rally in order to use ("take") at Rally. Use an additional copy of this sheet if necessary, signed and dated appropriately. Medical devices that are being brought to Rally must be listed below in the manner of medications.

**Name of Medication: (print clearly and legibly!)**

Check  all boxes that apply to this medication

- Prescription Medication       Over-the-Counter Medication       Vitamin or Supplement       Taken on a routine basis       Taken on an as-need basis  
 Prescribed for a chronic illness or condition       EpiPen held on person       Inhaler held on person

Complete below as per original container's label:

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Prescribing Licensed Medical Professional: \_\_\_\_\_ Phone number of Prescriber: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Medication: (print clearly and legibly!)**

Check  all boxes that apply to this medication

- Prescription Medication       Over-the-Counter Medication       Vitamin or Supplement       Taken on a routine basis       Taken on an as-need basis  
 Prescribed for a chronic illness or condition       EpiPen held on person       Inhaler held on person

Complete below as per original container's label:

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Prescribing Licensed Medical Professional: \_\_\_\_\_ Phone number of Prescriber: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Medication: (print clearly and legibly!)**

Check  all boxes that apply to this medication

- Prescription Medication       Over-the-Counter Medication       Vitamin or Supplement       Taken on a routine basis       Taken on an as-need basis  
 Prescribed for a chronic illness or condition       EpiPen held on person       Inhaler held on person

Complete below as per original container's label:

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Prescribing Licensed Medical Professional: \_\_\_\_\_ Phone number of Prescriber: \_\_\_\_\_

Comments: \_\_\_\_\_

**Signature of Parent/Guardian**

The information presented in this three-page long Health History is correct and complete to the best of my knowledge at the time of its signing. My child has permission to engage in all prescribed camp activities except as noted. I have indicated any and all special health conditions, including required medication and activity limitations that should be known to the Rally staff and Rally medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for medical treatment at an appropriate facility in case of illness or injury.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Rally participant: \_\_\_\_\_

This form is for: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Record of Health Exam by Licensed Medical Professional, (page 1 of 1)**

Date of Last Examination: \_\_\_\_\_ (The exam referenced on this form must have taken place within the last two years! No exceptions!)

In my opinion, the above named person  IS  IS NOT able to participant in an active camp program.

Blood Pressure: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

The above named person is under the care of a physician for the following conditions (attach additional pages if necessary): \_\_\_\_\_

**Experience/Occurrence of Disease**

The above named person has had:

Measles  Chicken Pox  German Measles  Mumps  Hepatitis (A, B, or C ?)  Measles  Tuberculosis  
 TB Mantoux Test Date of Last Test: \_\_\_\_\_ Result of Test:  Positive  Negative

Immunization Dates	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
DPT	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____	_____

**Recommendations and Restrictions at Camp**

Treatment to be continued at camp: \_\_\_\_\_

Dietary restrictions including lactose intolerance: \_\_\_\_\_

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

Any limitations or restrictions of camp activities: \_\_\_\_\_

**Signature of Licensed Medical Professional**

The information presented on this Record of Health Examination (the above page) is correct and complete to the best of my knowledge at the time of its signing.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This form is for: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **PERMISSION FOR POSSESSION AND USE OF EPINEPHRINE AUTO-INJECTORS AND ASTHMA INHALERS**

***This form is in addition to the health form! This form is in addition to the health form!***

In order to comply with NH RSA 485 (New Hampshire Revised Statutes Annotated 485), **your physician must complete and sign this form** which allows your child to possess epi-pens or inhalers on their person while at camp.

In accordance with RSA 485 your child will not be allowed to keep epi-pens or inhalers on their person without this completed form.

**NOTE: Your child will need an additional inhaler/epi-pen to be stored in the camp infirmary in case of emergency.** (NH RSA485-A:25-d Availability)

Camper Name \_\_\_\_\_

Home Address \_\_\_\_\_

**Please circle appropriate action:**      Asthma Inhaler      Epi-pen

Name of Licensed Prescriber \_\_\_\_\_

Business phone # \_\_\_\_\_ Emergency phone # \_\_\_\_\_

Please describe the medication:

Name \_\_\_\_\_ Date of Order \_\_\_\_\_

Route \_\_\_\_\_ Dosage \_\_\_\_\_

Frequency and time of administration \_\_\_\_\_

Please provide a diagnosis and describe any other medical condition requiring medication (if not a violation of confidentiality)

\_\_\_\_\_

\_\_\_\_\_

Please name any additional medications \_\_\_\_\_

Specific recommendations for administration \_\_\_\_\_

Are there any special side effects, contraindications, or adverse reactions we should watch for? \_\_\_\_\_

\_\_\_\_\_

Are there any severe reactions that could occur to another child for whom the medication is not prescribed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that \_\_\_\_\_ has the skills and knowledge to safely possess and use an epi-pen/asthma inhaler while in a camp setting.

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Campers/Rallyers must report to nurse immediately after using the epinephrine auto-injector!**

Parent Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name of Parent (printed legibly): \_\_\_\_\_

NH RSA 485-A: 25-e & g Immunity. No recreational camp or camp employee shall be liable in a suit for damages as a result of any act or omission related to a child's use of an epinephrine auto-injector or inhaler if the provisions of RSA 485 have been met.

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Youth Rally of the Diocese of New England of the Orthodox Church in America - Rev. Fr. John Hopko, Director  
Director's Office: 34 Fairview Avenue, Terryville, CT 06786-6329  
Email: [saintcyril@snet.net](mailto:saintcyril@snet.net) Telephone: 860-582-3531

This form is for: LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Medication Form

(Please submit as many copies of this form as necessary!)

This medication form is an inventory of **every medication** of every type (prescription meds, over-the-counter meds, vitamins, supplements, etc.) or form (tablets, crèmes, lotions, syrups, mists, etc.) that your Rally participant is bringing to Youth Rally. All of these medications are to be placed inside one clear plastic zip-lock bag, labeled with your Rally participant's full name and date of birth. **All medications must be in original packaging with all labeling intact and legible.**

### DO NOT MAIL THIS FORM TO US!

Rather, **complete this form at the time you package your Rally participant's meds for transport to Rally and place in the bag with the meds.** (Use as many copies of this form as necessary—many meds will require many forms!)

The meds you list on this form must coincide with the meds in the bag. The meds you list on this form should match what you listed on the Rally Medical Form that you submitted by mail earlier; if there are any discrepancies please include a note explaining those differences.

**Affirmation and Signature:** I have read the above instructions in full: I understand those instructions and am endeavoring to fulfill them as I complete this form.

Signature of Person filling out this form: \_\_\_\_\_ Date signed: \_\_\_\_\_

Printed Name of the Person filling out this form: \_\_\_\_\_ Relationship to Person for whom this form is being filled out: \_\_\_\_\_

**Name of Medication: (print clearly and legibly!)**

Check [x] all boxes that apply to this medication

- Prescription Medication       Over-the-Counter Medication       Vitamin or Supplement       Taken on a routine basis       Taken on an as-need basis  
 Prescribed for a chronic illness or condition       EpiPen held on person       Inhaler held on person

Complete below as per original container's label:

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Prescribing Licensed Medical Professional: \_\_\_\_\_ Phone number of Prescriber: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Medication: (print clearly and legibly!)**

Check [x] all boxes that apply to this medication

- Prescription Medication       Over-the-Counter Medication       Vitamin or Supplement       Taken on a routine basis       Taken on an as-need basis  
 Prescribed for a chronic illness or condition       EpiPen held on person       Inhaler held on person

Complete below as per original container's label:

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Prescribing Licensed Medical Professional: \_\_\_\_\_ Phone number of Prescriber: \_\_\_\_\_

Comments: \_\_\_\_\_

**Name of Medication: (print clearly and legibly!)**

Check [x] all boxes that apply to this medication

- Prescription Medication       Over-the-Counter Medication       Vitamin or Supplement       Taken on a routine basis       Taken on an as-need basis  
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Complete below as per original container's label:

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Name of Prescribing Licensed Medical Professional: \_\_\_\_\_ Phone number of Prescriber: \_\_\_\_\_

Comments: \_\_\_\_\_