



Saint Barbara Greek Orthodox Church

Annual Fall

# GOYA RETREAT

At Camp Jewell

Ages 12-18

Friday-Sunday

November 13 - 15, 2009

Registration: \$175.00

Register for the trip by Monday, November 2  
Space is limited so please register early

Registration includes lodging, food, travel & all planned activities

Join us for a weekend of fun and excitement at the YMCA Camp Jewell, located in scenic Colebrook, Connecticut (6 Prock Hill Road). There are many fun activities planned throughout the weekend as we enjoy the magnificent setting and camp grounds.

What to bring:

Sheets & Blankets or Sleeping Bag, Towels, Pillow, Toiletries, Flashlight, Sneakers, Jeans, Shorts, Short and Long Sleeve Shirts, Sweatshirt or Sweater, Pajamas, Underwear, Socks, Bug Spray. Please remember to also bring warm clothes to wear at night as it might get chilly. No Radios or iPods, Beepers, Jewelry or Cell Phones please!

Each GOYAn must fill out a Health Form and return it with their registration.  
For more information please call the Church Office at 203-795-1347.

**Saint Barbara GOYA Fall Retreat Weekend 2009**  
**Health Form**

Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Pediatricians Name and Phone Number: \_\_\_\_\_

Is your child allergic to:  Bee stings  Insect Bites  Poison Ivy  Particular Foods  
 Particular Medication  Other Please specify: \_\_\_\_\_

Has your child had or been subject to:  Seizures  Heart Trouble  Convulsions  
 Fainting Spells  Asthma  Diabetes  Other Please specify: \_\_\_\_\_

Is your child on medication:  Yes  No

Medication Name and Dosage: \_\_\_\_\_

Is your child under medical care for any illness or health problems?  Yes  No

If yes, please specify: \_\_\_\_\_

Should your child's activities be restricted in any way?  Yes  No

If yes, please specify: \_\_\_\_\_

Do we have your permission to administer Tylenol, Benedryl or Antacids to your child if the Registered Nurse on Staff deems it necessary?  Yes  No

Person to contact in case of emergency (please include phone number)

A. \_\_\_\_\_

B. \_\_\_\_\_

I hereby give my child (name) \_\_\_\_\_ permission to take part in all Retreat activities. In case of an emergency, I give the Staff permission to administer first aid. Should medical attention be required, I give permission for staff members to seek further qualified medical assistance until I can be contacted.

Signature of parent or guardian

Print Name of Parent(s)

Phone Number