



CITY TOUR

YOUTH PILGRIMAGE

See where God is in Cleveland

*Friday, May 17TH @ 8PM to
Sunday, May 19TH @ 10AM
Cost: \$50 per attendee*

URBAN ADVENTURE

SCAVENGER HUNT

MUSIC

TACOS

SERVICE PROJECTS

NEW FRIENDS

GAMES

REAL TALK



Open to youth (6-12 grade) and friends throughout the Episcopal Diocese of Ohio

Located at 2230 Euclid Avenue, Cleveland

Contact: Children, Youth & Family Minister

Kate McFadden - kmcfadden@trinitycleveland.org



@TRINITYCLEVELANDYOUTH

TRINITYCLEVELAND.ORG

YOUTH REGISTRATION FORM

Each participant should bring their completed paperwork and payment (\$50) upon arrival to City Tour Pilgrimage on Friday, May 17th at 8PM. Some scholarships available.
Contact: Kate McFadden at kmcfadden@trinitycleveland.org / (989) 600-2532

NAME _____

GRADE _____ SEX: M F PRONOUNS: _____ PHONE _____

ADDRESS _____

GUARDIAN NAME _____

PHONE _____ EMAIL _____

YOUTH'S FAVORITE BAND / SONG _____

YOUTH'S UNIQUE GIFTS & STRENGTHS _____

NOTES / COMMENTS:

* I GIVE PERMISSION TO THIS YOUTH TO RIDE IN ANY VEHICLE DESIGNATED BY THE ADULTS IN WHOSE CARE THIS MINOR HAS BEEN ENTRUSTED WHILE ATTENDING AND PARTICIPATING IN THIS EVENT

* I GIVE PERMISSION FOR THIS MINOR TO BE PHOTOGRAPHED/VIDEO RECORDED AND UNDERSTAND THAT THIS CONTENT MAY BE USED IN DIOCESAN PUBLICATIONS OR ONLINE

* I WILL ASSUME ALL TRANSPORTATION COSTS FOR THIS YOUTH IF PROBLEMS OCCUR DURING THIS EVENT. I WILL TAKE NO CIVIL ACTION OR LEGAL ACTION AGAINST THE ADULT(S) IN CHARGE OF THE EVENTS OF THE EPISCOPAL DIOCESE OF OHIO FOR NORMAL CARE OF THIS MINOR IN THEIR CHARGE

LEGAL GUARDIAN _____ DATE _____



YOUTH MEDICAL FORM

If you take medications please bring them in a labeled zip lock bag with instructions. Meds should be given to the Youth Minister upon arrival.

NAME _____

INSURANCE _____ POLICY # _____

HEALTH CONCERNS _____

BEHAVIORAL CONCERNS _____

MEDICATIONS / ALLERGIES _____

NOTES / MEDICATION INSTRUCTIONS:

*I AUTHORIZE AN ADULT TO DISTRIBUTE SAFE AND RECOMMENDED DOSAGES OF THE FOLLOWING MEDICATIONS TO THIS MINOR, AS NEEDED: MEDICATED COUGH DROPS, ANTI-ITCH GEL, BURN GEL, MEDICATED STING & BITE RELIEF, ANTIBIOTIC OINTMENT, EYE DROPS, IBUPROFEN (ADVIL), ACETAMINOPHEN (TYLENOL), DIPHENHYDRAMINE (BENADRYL)

*I AUTHORIZE AN ADULT, IN WHOSE CARE THIS MINOR HAS BEEN ENTRUSTED, TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL, SURGICAL, OR DENTAL DIAGNOSIS OR TREATMENT, OR HOSPITAL CARE, TO BE RENDERED TO THIS MINOR UNDER THE GENERAL SUPERVISION AND ON THE ADVICE OF ANY PHYSICIAN OR DENTIST LICENSED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT ON THE MEDICAL STAFF OF A LICENSED HOSPITAL. I WILL BE LIABLE AND AGREE TO PAY ALL COSTS AND EXPENSES INCURRED IN CONNECTION WITH SUCH MEDICAL AND DENTAL SERVICES RENDERED TO THE ABOVE-NAMED YOUTH PURSUANT TO THIS AUTHORIZATION.

LEGAL GUARDIAN _____ DATE _____



PILGRIMAGE PROMISES

During the Pilgrimage we are a community. In this community we agree to simple promises we will keep for one another and ourselves.

- 1.) I WILL RESPECT THE DIGNITY OF ALL PERSONS IN ACTIONS AND WORDS
- 2.) I WILL RESPECT AND CARE FOR THE FACILITIES WE WILL USE
- 3.) I WILL PARTICIPATE IN COMMUNITY ACTIVITIES AS I AM ABLE AND WILL HONOR QUIET TIMES. I WILL GO TO SLEEP AT LIGHTS OUT
- 4.) I WILL NOT POSSESS OR USE ALCOHOL OR ANY ILLEGAL SUBSTANCES
- 5.) I WILL NOT POSSESS OR USE WEAPONS
- 6.) I WILL NOT ENGAGE IN SEXUAL ACTIVITIES OR MISCONDUCT
- 7.) I WILL NOT USE TOBACCO PRODUCTS OR GIVE TOBACCO PRODUCTS TO OTHER ATTENDEES
- 8.) I WILL NOT LEAVE THE PREMISES, BUILDING PROPERTY OR OTHER DESIGNATED LOCATIONS WITHOUT PERMISSION FROM A CHAPERONE
- 9.) I WILL RESPECT OTHERS' PROPERTY AND WILL NOT COMMIT THEFT
- 10.) I WILL RECOGNIZE CHRIST'S LIGHT IN ALL PILGRIMAGE PARTICIPANTS AND VOLUNTEERS. I WILL DEMONSTRATE GOD'S LOVE

All of these promises are integral to respecting ourselves, one another and the spaces we will share. By signing this document, you agree to treat yourself and others with maturity and kindness. Violating the above outlined promises will make you subject to disciplinary action and/or removal from the event.

PARTICIPANT FULL NAME (PRINT)

PARTICIPANT SIGNATURE

PARENT / GUARDIAN SIGNATURE



PACKING GUIDE

- *Work/athletic clothes appropriate for service projects*
- *Hard soled work shoes or sturdy tennis shoes*
- *An extra change of casual or athletic clothes*
- *A towel, wash cloth, and shower shoes, if a shower is desired (showers will be limited)*
- *Toiletries*
- *Pajamas*
- *A change of clothes for church on Sunday*
- *Sleeping bag, pillow*
- *Sleeping mat, cot or air mattress*
- *Sunscreen and insect repellent*
- *Reusable water bottle*
- *Playing cards, favorite board game, etc.*
- *Sport equipment such as kickball, soccer ball, football, etc.*
- *Musical instrument*

Clothing with derogatory images or text, references to drugs or alcohol are forbidden for both youth and chaperones.

TECH POLICY

Youth are permitted to bring their cell phones. Additional tech devices, such as gaming consoles, laptops, iPads, etc. are not permitted. Cell phone use will be monitored and managed at the discretion of chaperones. Cell phone use will be restricted in accordance with Pilgrimage programming and activities. If abused, a student's cell phone may be confiscated, protected in a lock-box and returned at the conclusion of the event. In the event of a confiscated cell phone, the documented parent or guardian will be notified.

Youth are asked to be respectful with cell phone use and to honor the spirit of Pilgrimage programming, when cell phone use may be disrespectful. Examples of inappropriate times for cell phone use include: prayer and worship, during service projects, while a speaker or visitor is presenting, during a communal game or activity, etc.

