



Greek Orthodox Metropolis  
of Pittsburgh

# GOYA Spring Retreat 2007

**Friday, March 2<sup>nd</sup> – Sunday, 4<sup>th</sup>  
Camp Nazareth, Mercer, PA**

*Have you ever wondered...*

What does God have planned  
for my life? Am I following the right path?

*Show me the path where I should walk, O Lord, point out the  
right road for me to follow. ~ Psalm 25:4*



## **Registration ~ Directions for Completing Application**

Please fill out the application and health form in their entirety. A payment must accompany your registration form. Forms may be mailed or e-mailed, but if you fax this retreat form in, please call the Youth Office to confirm receipt of the fax.

Please make sure to fill out the health form and return the two pages to the Metropolis as soon as possible.

**CONFIRMATION:** You will receive confirmation of your registration **via e-mail** or by mail if you do not use e-mail. If you have not received a confirmation by February 26<sup>th</sup>, please call the Youth Office (412) 621-8543 to make sure that all your paperwork and finances are in order. If the session is full, you will be placed on a waiting list.

**PARISH SCHOLARSHIP:** If your parish pays a partial or full scholarship, it must be paid in order to be considered fully registered. Please give a copy of your registration form to your parish priest in this case, so that he knows exactly who is going from your parish. You are responsible for any balance not covered by the parish, and for making sure your parish knows that you have applied.



## Arrival

**The retreat begins with registration on Friday at 7:30 p.m.** GOYAnS must arrive on Friday evening in order to attend the retreat. **(GOYAnS may not drive themselves or others to retreats!)** We have a very short time together, so it is important that everyone gets to know one another from the very beginning. As always, clergy will be available for confession. **Closing is on Sunday at 12:00 Noon. Please try to be prompt.**



## Sunday Divine Liturgy

Parents who wish to join us for Liturgy on Sunday (9:00 a.m.) are welcome. We ask that you do not take your children until after the closing at 12:00. The charge for breakfast for guests is \$5.00 per person. Please indicate on the form how many people will be joining us for Liturgy and Sunday breakfast.



## Unexpected Illness and Cancellations

GOYAnS: if you become ill in the 24 hours prior to leaving for the retreat, please stay home! Please call the Metropolis immediately to notify us that you will not be coming.



## Directions to Camp Nazareth, 339 Pew Road, Mercer, PA 16137

(1-79 to 1-80 W) From 1-80, take Exit 15/Mercer. Follow Route 19 North through Mercer. At the fork in the road, bear left on Route 58 West. Follow 6 Miles to Pew Road (See Camp Nazareth sign on the left – it is blue and white now, and is lower to the ground, so it may be difficult to see at night. There is a used-automobile sales place across the street from Pew Road that is a better identifier.) Turn left on Pew Road to the bottom of the hill (approx. 1 mile). Bear right into camp.



## Other Important Stuff to Remember

Towels, flashlight, toiletries, shower shoes, warm clothes, cool clothes, clothes for liturgy, sheets, pillow, sleeping bag, Bible, notebook, bottled water, and a camera to remember the great time you had. Please consult the Metropolis dress code when packing your clothes.



## Things to Leave Behind

Items such as cell phones, pagers, radios, walkman, iPods, CD players, electronic games, and magazines keep you from getting to know other people and should be left at home. We understand that you will want to be reassured that your GOYAn got to the retreat, but the items above are a hindrance to allowing us to give the best program possible in the short time allotted. Possession of weapons and illegal substances will not be tolerated and will be dealt with accordingly.

# Metropolis of Pittsburgh GOYA Spring Retreat 2007 Registration Form



**Applications Due By February 26<sup>th</sup> to the Metropolis Youth Office.**

**Sign up for:**

\_\_\_\_\_ March 2<sup>nd</sup>- 4<sup>th</sup>

\_\_\_\_\_ Sunday Breakfast for Visitors

Total Enclosed:

**Fee:**

\$110.00

\$5.00/person

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



**Method of Payment:**

\_\_\_\_\_ Check or Money Order (No cash please)

\_\_\_\_\_ Parish Scholarship/Amount of Scholarship (Please give an additional photocopy of your registration to your parish priest to notify him of your attendance.)



**Make \$110.00 check payable to the: Greek Orthodox Metropolis of Pittsburgh**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Parent's Cell (\_\_\_\_\_) \_\_\_\_\_

E-Mail (Confirmation will be sent to this address)  
\_\_\_\_\_

Gender ( ) Male ( ) Female

Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parish \_\_\_\_\_

- ✦ All participants need to complete a "Health Permission Form." If it is not printed on the back-side of this form, please call the Metropolis Youth Office or go to <http://www.odpgh.org/youth/forms/emergencyinfo-other.pdf>
- ✦ If you fax this form in, please call the Youth Office to confirm receipt of the fax.
- ✦ If receiving a parish scholarship, please photocopy your form and give to your priest.
- ✦ **GOYAnS may not drive themselves or others to the retreat!**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mail to ~ GOYA Spring Retreat/Youth Office  
Greek Orthodox Metropolis of Pittsburgh  
5201 Ellsworth Ave, Pittsburgh, PA 15232

For More Info ~ Phone: 412-621-8543  
Fax: 412-621-1522  
E-mail: youth@odpgh.org



**EMERGENCY HEALTH AND PERMISSION FORM**  
**For Short-Term Youth Events of Greek Orthodox Metropolis of Pittsburgh and Metropolis Parishes**

**EMERGENCY CONTACT INFORMATION**

Child's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Home Address \_\_\_\_\_  
Street City State Zip

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Social Security # \_\_\_\_\_

Custodial Parent(s)/Guardian(s) \_\_\_\_\_  
(Please include first and last names of both parents /guardians if applicable.)

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

**If not available in an emergency, notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Name of Family Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH INFORMATION**

Are there any medical or dental conditions that we should be aware of? \_\_\_\_\_

Is your child taking either prescription or over-the-counter medication on a regular basis? Yes / No

Name of medication(s) \_\_\_\_\_

Are there any over-the-counter medications which may not be given without your consent?

Does your child have allergies? (food, drug, insect, etc.) \_\_\_\_\_

**INSURANCE INFORMATION** (Please attach a photocopy of the participants medical insurance card.)

Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_ ID # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

**AUTHORIZATION AND CONSENT FOR TREATMENT OF A MINOR AND LIABILITY WAIVER**

I/we the parents(s) or legal guardian(s) hereby authorize and give consent to any x-ray examination, or surgical diagnosis rendered under the general or special supervision of a licensed personnel on the staff or any licensed hospital. This authorization is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

In recognition of the possible dangers to my child, I hereby knowingly and voluntarily waive any right or cause of action of any kind against the members, directors, agents, employees of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Pittsburgh, its parishes and staff for any personal injury to my child occurring during any and all youth events sponsored by the Greek Orthodox Metropolis of Pittsburgh and/or its parishes, including but not limited to: overnight and day retreats, athletics, folk dancing, oratorical festivals, special events, service projects and the transportation to and from any and all said events.

I hereby understand the Greek Orthodox Archdiocese of America has limited medical insurance. Any medical expenses that my child may incur due to personal injury or illness is my financial responsibility and not that of the Greek Orthodox Archdiocese of America, the Greek Orthodox Metropolis of Pittsburgh, its parishes or the director, agents, employees, staff and members of these organizations.

**Parent or Guardian Consent:**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_