



FIFTH ANNUAL  
**CAMP WRIGHT  
 R&R WEEKEND!**

FRIDAY, APRIL 25TH—SUNDAY, APRIL 27TH  
 FOR 6TH—12TH GRADERS

*Sponsored by the Diocesan Youth Committee and Camp Wright.*

FEATURING:  
**WORSHIP BAND “ABANDON”**

*The cost of the weekend is \$40 for registrations received prior to Friday, April 10<sup>th</sup>. For registrations received after April 10<sup>th</sup>, the cost is \$50. Registration Deadline Friday, April 17<sup>th</sup>, 2008.*

**WEEKEND SCHEDULE**

**Friday**

5:00 Check In  
 6:00 Dinner  
 7:00 Opening Session  
 8:20 Small Groups  
 9:00 Activity  
 10:30 Bonfire  
 11:15 Cabin Time  
 12:00 Lights Out

**Saturday Cont...**

5:00 Fun Time  
 6:30 Dinner  
 7:30 Walk to Concert at  
 Christ Church  
 8:00 Speaker/Concert  
 10:15 Regroup Small Grp  
 10:45 Large Group  
 11:15 Compline  
 12:00 Lights Out

**Saturday**

8:00 Breakfast  
 8:45 Morning Session  
 10:00 Small Groups  
 10:45 Mission Work  
 12:30 Lunch  
 1:00 Fun Time  
 2:00 Afternoon Session  
 2:45 Eucharist Planning

**Sunday**

8:00 Breakfast  
 8:45 Small Groups  
 9:45 Pack/Clean-up  
 10:30 Eucharist and  
 Closing

**THINGS TO BRING**

**What to bring:**

Flashlight & Bible  
 Sleeping Bag & Pillow  
 Old Clothes that can get dirty  
 Warm Clothes  
 2 Pairs of Sturdy Shoes  
 Bathing Suit (For Showers)  
 Towel  
 Jacket  
 Toiletries  
 Sunblock, Hat & Bandana  
 Work Gloves  
 Gardening Supplies  
 Sports Stuff  
 Guitar

**What not to bring:**

Cell phones and personal  
 electronic devices  
 Illegal substances  
 Weapons  
 Pets

For more information call  
 Joanne at 410-822-2677  
 or [joanne@christchurcheaston.org](mailto:joanne@christchurcheaston.org)

**To Register:** Return the following information to R&R Weekend/ Attn: Joanne Browe/ 111 S. Harrison St./ Easton, MD 21601. Please include a check for \$40 (made out to Diocese of Easton) for each registration along with the attached Medical Release received prior to April 10<sup>th</sup>. For late registrants the cost is \$50. Scholarships available upon request. Chaperone registration is \$25 per person. Everyone attending the weekend must register **by April 17<sup>th</sup>**, including adults.

Name of Attending: \_\_\_\_\_ Circle One: Youth Adult  
 Birthdate of Participant: \_\_\_\_\_ Parish/Town: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_  
 Guardians' Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
 Address: \_\_\_\_\_

Spaces are limited so register now! Additional registrations available at [www.christchurcheaston.org](http://www.christchurcheaston.org)

Diocese of Easton  
**R&R Weekend April 25-27, 2008 Camp Wright, Stevensville MD**  
**MEDICAL RECORD AND LIABILITY RELEASE FORM**

**SECTION 1: MEDICAL RECORD AND INSURANCE**

Full Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Home phone: (\_\_\_\_\_) \_\_\_\_\_  
Parish \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION**

Is this person covered by a medical insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of policy holder: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Insurance company: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Medical insurance policy number: \_\_\_\_\_ Check one: Group plan: \_\_\_\_\_ Individual/Family plan: \_\_\_\_\_

**MEDICAL HISTORY**

Blood Type: \_\_\_\_\_  
List allergies or allergies to medications: \_\_\_\_\_  
\_\_\_\_\_  
List medication(s) presently taking: \_\_\_\_\_  
\_\_\_\_\_  
Please describe any medical problems or conditions inc. mental & emotional \_\_\_\_\_  
\_\_\_\_\_  
List any restrictions on sports or physical activity: \_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the person listed above to be treated with the following medications (Check medications you approve for this person to receive): \_\_\_\_\_ Tylenol \_\_\_\_\_ Aspirin \_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Ibuprofen \_\_\_\_\_ Antacid products

List any medications person should not have: \_\_\_\_\_  
\_\_\_\_\_

Doctor's name: \_\_\_\_\_ Doctor's phone: (\_\_\_\_\_) \_\_\_\_\_

**SECTION II: MEDICAL TREATMENT RELEASE AND LIABILITY RELEASE**

I, the undersigned parent or guardian (or self if adult 21 or over), do hereby grant permission for \_\_\_\_\_ to attend the R&R Weekend 2008. I hereby authorize the event staff to obtain and consent to medical treatment for my child in case of injury or illness during the weekend. And I hereby release and discharge the event staff, the Camp Wright, the Diocese of Easton of the Episcopal Church, and the Episcopal Church USA and its representatives, employees, volunteer staff, and agents from any and all debts, judgments, or suits of any kind which may arise or be occasioned as a result of the participant's participation in the R&R Weekend.

I further acknowledge and understand that by participating in the R&R Weekend there is a possibility of physical illness or injury and my child (or self if 21 or over) is assuming the risk for such illness or injury by his/her/my participation. It is my understanding that payment of any medical bills will be paid by me or by my insurance company.

Signature of Youth: \_\_\_\_\_ Date signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent, Guardian, or self if 21 or over

\_\_\_\_\_  
Name of Parent, Guardian, or self (printed)

\_\_\_\_\_  
Person to call in case of emergency

(\_\_\_\_\_) \_\_\_\_\_  
Emergency phone number

\_\_\_\_\_  
Alternate person to call in case of an emergency

(\_\_\_\_\_) \_\_\_\_\_  
Alternate emergency phone number