



ALL PARISH CHAPEL ROCK DAY INFORMATION & REGISTRATION FORM

Kick off the All Saints' intergenerational, all-parish programming with a day in the cool pines of Prescott! ALL are invited to come for a day of team-building exercises, ropes courses, story sharing, and other activities designed to help children, youth, young adults, families, and older adults work together to accomplish mutual goals and get to know the amazing members of our community better than ever! (There will be activities for those who opt out of the more active aspects of the challenge courses as well.) All the details are here:

- **Who:** ALL members of the All Saints' community, and their family and friends!
- **What:** All-Parish Chapel Rock Day
- **When:** Saturday, August 25, 10:00am-2:00pm
- **Where:** Chapel Rock Camp and Conference Center, 1131 Country Club Dr., Prescott, AZ
- **Why:** To spend time with All Saints' friends and family, eat food, and have FUN!
- **How:** Meet at All Saints' at 8:00am for carpooling and/or church transportation, OR meet us at 10:00am **sharp** at Chapel Rock!

To register, please **fill out the form below** (one per family), and **the Chapel Rock Participant Information and Permission Form** (one for each individual). Parents of minors in grades 4-12 who plan to send their children unaccompanied must also fill out the attached **Registration Form for Unaccompanied Youth**. Note: Children in grades 3 and under **must** be accompanied by a parent or guardian.

The cost of this event is **\$40 per participant, or \$150 per family**. This includes transportation (if desired), all activities, snacks, and lunch. Make your check payable to All Saints' Episcopal Church, and write "Chapel Rock Day" in the memo line. Please **return all completed forms, with payment, to the All Saints' office by Monday, August 13**. The number of participants is limited! Register today to reserve your spot!

What to Bring:

- Water bottle
- Sunscreen and/or hat
- Comfortable, durable clothing and closed-toe shoes
- Any necessary medications (including allergy medications and inhalers)

REGISTRATION

Name (individual or family): _____

Number of Adults: _____ Youth (grades 4-12): _____ Children (grades 3 & under): _____

Allergies and/or medical problems (including food allergies): _____

Adult cell phone: (____) _____ Email address: _____

Number interested in the following activities: ___ Games ___ Ropes courses ___ Discussion/Crafts

___ I am interested in church transportation ___ I will drive myself/my family to Chapel Rock

By signing below, I give permission for my own and/or my children's photograph to be used for the purposes of publications and/or on the church's internet website & social media outlets:

Adult Signature _____ Date _____

Chapel Rock Participant Information and Permission Form

DISCLOSURE: CHAPEL ROCK programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, rock climbing, rappelling, kayaking, orienteering, and other rigorous physical adventure activities. **(The level of participation in a program activity is at all times completely up to the individual.)** Trained professional staff conducts all programs; yet there is a risk which must be assumed by each participant that he/she may suffer an emotional or physical injury, disability or death. Every participant in CHAPEL ROCK programs is encouraged to have health/accident insurance coverage. In addition, certain health/medical information must be made known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete this form and return it to CHAPEL ROCK prior to participating in any activities. High ropes activities have a weight **minimum of 45lb and a maximum of 275lb**, by participating in our high ropes you acknowledge that you are between these.

PARTICIPANT INFORMATION:

1. Group Name: _____
2. Name: _____ Date of Participation: _____
3. Do you have any limiting physical or mental disabilities or medical restrictions (temporary or permanent) that could present a hazard to yourself or others during the duration of this program?
____ Yes ____ No If yes, identify and explain:
4. Do you have any allergies, reactions to medications, any other medical limitations? ____ Yes ____ No
If yes, identify and explain:
5. Have there been any recent major life changes? (E.g., Job changes, death in family, etc)

RELEASE OF LIABILITY: I understand that parts of the CHAPEL ROCK program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in CHAPEL ROCK activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release CHAPEL ROCK, and its staff members, from all liability for any injury to me from participation in CHAPEL ROCK activities. I understand that these terms shall serve as a release of liability for my heirs, executors, and administrators and for all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Date _____ Signature _____

PHOTO/MEDIA RELEASE: I grant to CHAPEL ROCK, and persons acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

Date _____ Signature _____

PARENTAL WAIVER OF CLAIMS: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as a legal adult, your parent(s) or legal guardian(s) must complete the following:

I/we _____ (parents' or guardians' name(s)) give permission for my (our) child _____ (child's name) to participate in the CHAPEL ROCK program and associated field trip(s). Should my/our child become injured, I/we request that the trip leader or designated Chapel Rock staff secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/we agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and do hereby release CHAPEL ROCK and its employees from liability for any damages, injuries, or losses which may occur while said child is participating in this CHAPEL ROCK program.

Date

Parent or Guardian Signature (if participant is under age 18)



ALL SAINTS'
EPISCOPAL CHURCH & DAY SCHOOL

**REGISTRATION FOR ALL PARISH CHAPEL ROCK DAY
UNACCOMPANIED YOUTH GRADES 4-12**

Youth #1 Name: _____

Date of birth: _____ Age: _____ Grade in school: _____

Known allergies and/or medical problems: _____

Parent cell phone (_____) _____ Email address: _____

Emergency Contact during event: Name _____ Phone: _____

By signing below, I give permission for the youth named above to attend the Chapel Rock All Parish Day, and I give permission for my child's photograph to be used for the purposes of publications and/or on the church's internet website & social media outlets. I also give permission for my child to ride in a church van to and from the event.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____

Youth #2 Name: _____

Date of birth: _____ Age: _____ Grade in school: _____

Known allergies and/or medical problems: _____

Parent cell phone (_____) _____ Email address: _____

Emergency Contact during event: Name _____ Phone: _____

By signing below, I give permission for the youth named above to attend the Chapel Rock All Parish Day, and I give permission for my child's photograph to be used for the purposes of publications and/or on the church's internet website & social media outlets. I also give permission for my child to ride in a church van to and from the event.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____

Youth #3 Name: _____

Date of birth: _____ Age: _____ Grade in school: _____

Known allergies and/or medical problems: _____

Parent cell phone (_____) _____ Email address: _____

Emergency Contact during event: Name _____ Phone: _____

By signing below, I give permission for the youth named above to attend the Chapel Rock All Parish Day, and I give permission for my child's photograph to be used for the purposes of publications and/or on the church's internet website & social media outlets. I also give permission for my child to ride in a church van to and from the event.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name: _____