

YAE 2018

Join us in Florence for an...



weekend

YAE will be meeting in Florence, Italy for hikes, games, gelato, pizza, pasta, art and an exploration of the theological question: "Who am I?"

When? **May 9-13, 2018**

Who can come? **13-18 Year olds**

Where? **St James, Via Bernardo Rucellai 9, 50123 Firenze (FI)**

How to register? Send completed registration form to Yaesignup@hotmail.com
The program will be in English

Leaders / Chaperones:

- 1 leader (aged 24 and up) **MUST** accompany each group [1 adult : 6 children] 2 leaders are recommended
- Leaders will be asked to assist with / participate in the program
- Attendees 18 yrs of age and under must be accompanied during travel to the event. The Convocation cannot accept responsibility for the safety and welfare of any attendees until they have arrived at the event location
- **Cost:** €20 per participant (youth and adult) to be brought with you to the event in cash. {€75 for non-Convocation participants}

JAE and YAE: PARTICIPANT CONSENT FORM

Please complete and return the participant AND parental consent forms to your youth leader. Youth Leaders should email an electronic or scanned copy to the event organiser AND bring a signed paper copy to the event to confirm parental consents.

Participant Details

JAE / YAE (circle event attending) YEAR: 20	Host Church:
Your Name:	Your Church:
Date of Birth (Day / Month / Year):	Age during Event:
Young Person's Email Address (if applicable):	
Parents or Guardian's Email Address:	
Home Address (including country):	
Home Phone:	Mobile Phone (on trip):
Leader Accompanying You To & During JAE / YAE:	Leader's Mobile Phone:
How many previous JAE/ YAE events have you attended?	
Method of travel to Event:	
Arrival Time (including date):	Departure Time (including date):
I _____ (youth leader's name) confirm I will travel with this child to the event and assist during the program as required.	Youth Leaders' Signature:

Community Covenant

When I attend a youth event sponsored by the Convocation of Episcopal Churches in Europe or one of its congregations, I am electing to enter its community. I will assist the Convocation in ensuring that all youth events create a safe, convivial, welcoming atmosphere free of any conduct that threatens physical, emotional or sexual harm or abuse. To this end, I pledge to abide by the standards of behaviour established by the Convocation as set forth in this Community Covenant. I will follow all rules and regulations established by my youth leader and by the Convocation and any convention centre at which we are guests, including curfews.

Furthermore, I will remain together with my youth group and its youth leader(s) at all times indicated. I will not possess or use: illegal drugs at any time, nor consume alcohol, nor abuse tobacco products of any kind. Nor will I possess or use fireworks, firearms or any other weapons (including concealed knives).

I _____ (name of youth participating) have read this Community Covenant. I accept the rules as stated herein and I agree to be bound by them.

Signed (by participating youth):	Date:
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Address all questions to the parish hosting the event. Details available on event flyer

YAE 2018 PARENTAL CONSENT FORM

Please complete one form per child and return this form to your youth group leader.

I give permission for my Son / Daughter _____ (full name) to attend the Youth Across Europe event hosted by St James, Florence, Italy over the 2018 Ascension Day weekend (9 May- 13 May 2018), under the charge of The Rev. Mark Dunham and to take part in any special activities. In the event of illness, injury or other emergency, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give permission to the person named above or designated youth leaders and representatives to act on my behalf to secure medical treatment as necessary, including, but not limited to: medical attention, anaesthesia, surgery and hospitalisation, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services which my child may receive while attending this event. I absolve and hold harmless the Convocation of Episcopal Churches in Europe and its designated youth leaders and representatives from any liability in acting on my behalf in this regard as long as they are not grossly negligent.

Furthermore, I understand that images of this event taken by camera or other digital devices may be published on church notice boards, websites and newsletters in the future and I:

Consent to:	Object to:
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(please tick one of the above)

these images including my child.

Signed:	Date:
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Medical Insurance Company:		
Policy Number:		
Insurance Company's Emergency Phone Number:		
Parents/Guardians (name, phone, mobile) who may be contacted during the event:		
Vegetarian YES / NO	Pescatarian YES / NO (Eats fish, fruit + veg but NO meat)	Standard Diet YES / NO (Eats meat, fish, fruit + veg)
Please give any details of any medical, dietary <u>or personal needs</u> that you feel the organisers should be aware of:		

Please send completed registrations, before **11th March** to St James, Florence.

email: Yaesignup@hotmail.com The information contained on this form will remain confidential