

# **Young Orthodox Christian American Mission Adventures YOCAMA**



**REGISTRATION PACKET 2024**



## YOUNG ORTHODOX CHRISTIAN AMERICAN MISSION ADVENTURES 2024

Dear Friends,

We hope our letter finds you well. Enclosed please find registration materials for both the New Mexico and Montana Mission Trips scheduled for this summer. **The cost for the food, lodging and transportation on the reservation is \$600 plus the cost of traveling to and from New Mexico or Montana. Please bring spending money for food traveling to and from New Mexico or Montana and whatever gifts/trinkets they want to purchase.**

In this packet you will find information materials and final registration forms to be completed. They include the following:

### Informational Items

- Program Description/Mission Statement
- Camp Schedule
- Packing Instructions Regulations
- YOCAMA privacy notice (HIPAA form)
- Consent Form

### Registration Items

- Check List for Registration
- Medical Release Form
- Permission For Missionary to Leave Camp Early (only send back if applicable)
- Permission For Missionary to Leave Camp Early via Airplane (only send back if applicable)

### Additional items that need to accompany the registration items

- Copy of your insurance card (form provided)
- Recent photograph
- Final mission registration fee

**We are only requiring an extra medical form be filled out and physician's signature if the missionary has any acute medical condition, otherwise, the parent can sign the medical release form.**

Please mail your payment and forms to:

YOCAMA  
196 DeSantis Drive  
Columbus, Ohio 43214

If you are traveling from another location, please do not hesitate to contact us to discuss trip plans. We are aware that some of you are making your own travel plans and will require communicating with us regarding arrival times from your point of departure.

**If you have any questions please feel free to contact:**

Ann Salvator at (216) 956-4266 or [annsylvator@yahoo.com](mailto:annsylvator@yahoo.com)

## YOCAMA Description

- YOCAMA assists Native Americans with home improvements, renovation of existing public structures such as homeless shelters, medical care, food delivery and interactions and assessments of children living on the Navajo Nation in New Mexico.
- YOCAMA participants consist of medical and dental professionals as well as engineers and construction workers, high school and college students, young adults, adult chaperones and priests from the various Orthodox parishes.
- No two YOCAMA sites are exactly alike. Although programming is similar at each site, the program location, work opportunities and the Native American communities that we enter help guarantee that each event is a unique experience. Below are the three basic types of service that a YOCAMA team might be a part of..
  - **Clean-up, paint-up, fix-up, construction, and repair**  
Examples: minor home repairs for ill and needy Native American individuals or families; major renovation or construction projects for daycare facilities, playgrounds or homeless shelters.
  - **Regular involvement in children's and family programming**  
Examples: Medical screenings for Head Start Navajo children in New Mexico and summer afternoon lunch program and activities for Blackfeet children.
  - **Providing medical and direct assistance to those in need**  
Examples: cooking and serving meals in soup kitchens and shelters; working with food banks to deliver food to elderly Native Americans; Taking part in a medical and dental team to deliver medical services to underserved Native Americans.

Almost every site offers the chance to both meet people and work on a concrete task. Participants are assigned to a team and participate in all the tasks during the week.

## TYPICAL DAY FOR MISSIONARY

Day One – Arrival/Dinner and Orientation

Day Two – Divine Liturgy (St. George GOC Albuquerque NM or Saints Constantine and Helen GOC Great Falls MT)

### **Monday - Friday**

7 am	Morning prayers
7:30am	Breakfast
	Clean up get ready to go
8:00am	Leave for worksites
3:00-4:00pm	Arrive back at camp
5:00 pm	Vespers/Compline
6:00pm	Dinner
7:00pm	Volleyball/Basketball tournament (depends on the trip)
8:00pm	Group get together to briefly share the experiences of the day
9:00 pm	Lodge – time
	Confession (2 priests per evening)
	Discussion group (1 team per evening – 1 priest per evening)

### **Teams for Mission Work** (again depends on the trip)

- 1 Construction: renovate community buildings, playgrounds or build/repair homes
- 2 Food Pantry work
- 3 Medical Team (work at Community Health Fairs on Navajo Nation)
- 4 Food and firewood delivery

# YOCAMA

## Packing Instructions

All luggage is subject to search by the YOCAMA staff and directors.  
There are laundry facilities available on the New Mexico and Montana trip.

### SUGGESTED ITEMS FOR PACKING

#### Necessary

Sunscreen  
Sunglasses  
Athletic Shoes  
Work gloves  
Sleeping Bag  
Pillow  
Insect repellent  
2 pairs of jeans/work pants (length to ankle)  
2 bath towels  
Modest attire for Sunday service  
Reusable water bottle  
Flip-flops for showering  
T-shirts  
Warm clothes and coat (night temperatures are cold)

#### Do Not Bring

Shoes with spiked heels  
Swimsuits  
Mini skirts or shorts  
Low rise jeans (below hip bones)/torn jeans  
Tops with spaghetti (string) straps/camisole

Cigarettes, e-cigarettes, marijuana, illegal drugs, alcohol, weapons of any sort (including knives) will be confiscated and will be followed by a call to parents and sending the camper home.

Shorts, capris, and sandals **will not be allowed** on the worksite.

#### **Not appropriate outfit**



#### **Not appropriate Jeans**



#### **Appropriate work outfit (jeans and t-shirt)**





## YOCAMA MISSION 2024 CHECK LIST

- \_\_\_ Medical Release Form
- \_\_\_ Consent Form
- \_\_\_ Permission to Leave Early Forms (if applicable)
- \_\_\_ Photo copy of Insurance Card (Both Sides)
- \_\_\_ Recent Photograph of Participant/Missionary/Staff/Chaperone

Please send this checklist and all accompanying documents no later than: **June 15<sup>th</sup>, 2024**  
**to:**

YOCAMA  
196 DeSantis Drive  
Columbus, Ohio 43214

# YOCAMA

## MEDICAL RELEASE FORM

Young Orthodox Christian American Mission Adventures

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Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at trip departure: \_\_\_\_\_ Dates of Camp Attendance: \_\_\_\_\_

Home address:

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

Gender:  Male  Female

Custodial parent/guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home address: (if different from above):

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

Second parent or guardian: \_\_\_\_\_

Home address:

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Phone \_\_\_\_\_

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

### Insurance Information

Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Photocopy of front and back of health insurance card can be attached to provided form

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

*\*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

**GENERAL QUESTIONS** (Explain "yes" answers below.) Has/does the participant:

Participant Name \_\_\_\_\_

**MEDICAL RELEASE FORM**

*In order for your child to participate in mission activities:*  
**PARENTS: Please read this questionnaire before filling out or signing.**

Please answer the following questions on missionary's past or present medical history by circling a **YES** or **NO**. If any of these items apply with a **YES** response, your physician must fully complete the **bottom half** of the second page of this form. **After completing this page, please complete top half of page two.**

**DOES YOUR CAMPER CURRENTLY HAVE OR EVER HAD THE FOLLOWING:**

- |            |           |  |
|------------|-----------|--|
| <b>YES</b> | <b>NO</b> | Asthma? ( <b>Severe form only</b> ) If activity induced please indicate here _____ |
| <b>YES</b> | <b>NO</b> | Back or spinal surgery, recurring back problems?                                   |
| <b>YES</b> | <b>NO</b> | Back, arm, leg problems following surgery, injury or fracture?                     |
| <b>YES</b> | <b>NO</b> | Behavioral health, mental or psychological problems?                               |
| <b>YES</b> | <b>NO</b> | Blackouts or fainting (full/partial loss of consciousness)?                        |
| <b>YES</b> | <b>NO</b> | Bleeding/Clotting disorder?  |
| <b>YES</b> | <b>NO</b> | Diabetes?  |
| <b>YES</b> | <b>NO</b> | Dysentery or dehydration requiring hospitalization or medical intervention?        |
| <b>YES</b> | <b>NO</b> | Ear disease or surgery, hearing loss or problems with balance?                     |
| <b>YES</b> | <b>NO</b> | Ear infections (frequent)?   |
| <b>YES</b> | <b>NO</b> | Epilepsy, Seizure, Convulsions or take medication to prevent them?                 |
| <b>YES</b> | <b>NO</b> | Frequent colds, sinusitis or bronchitis?   |
| <b>YES</b> | <b>NO</b> | Frequent or severe suffering from motion sickness (seasick,carsick, etc.)?         |
| <b>YES</b> | <b>NO</b> | Frequent or very severe hay fever or allergy attacks?                              |
| <b>YES</b> | <b>NO</b> | Head injury with loss of consciousness in past 5 years?                            |
| <b>YES</b> | <b>NO</b> | Heart defect/disease?  |
| <b>YES</b> | <b>NO</b> | Heart surgery, angina, or blood vessel surgery?                                    |
| <b>YES</b> | <b>NO</b> | High blood pressure or take medicine to control?                                   |
| <b>YES</b> | <b>NO</b> | Inability to perform moderate exercise?  |
| <b>YES</b> | <b>NO</b> | Kidney disease/injury  |
| <b>YES</b> | <b>NO</b> | Lung disease or injury?  |
| <b>YES</b> | <b>NO</b> | Recurring complicated migraine headaches or take medicine to prevent them?         |
| <b>YES</b> | <b>NO</b> | Ulcers   |

**Acknowledgement of Review of Notice of Privacy Practices**

I have reviewed this office's notice of Privacy Practices (HIPAA) enclosed in packet which explains how my medical information will be used and disclosed. I authorize any physician, nurse or health care provider, to communicate with the medical staff and director of YOCAMA, or his/her designee about my child's medical condition, treatment and/or prognosis.

**Permission to Treat**

The information I have provided about my child's medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions. The person listed above has permission to engage in all camp activities.

I hereby give YOCAMA permission to:

1. Provide ongoing health care, including but not limited to basic or emergency first aid, administration of medication brought from home, prescribed by camp physician, or over the counter medication that may be provided by camp.
2. Select medical personnel to order X-rays, routine test or other out of camp treatment for the person listed above.



**Emergency Authorization:** In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YOCAMA Director to hospitalize, secure proper treatment for, to order injection and/or anesthesia and/or surgery for the person named above. This form may be photocopied for use out of camp.

Signatures of parents or guardians: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of parents or guardians: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of minor or adult participant/staffer \_\_\_\_\_ Date \_\_\_\_\_

Participant Name \_\_\_\_\_

**MEDICAL RELEASE FORM**

**MEDICATIONS BEING TAKEN:** (Attach additional pages for more medications.)

Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis. OR  This person takes medications as follows:

**Med #1** \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

**Med #2** \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

**Med #3** \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_ Reason for taking \_\_\_\_\_

**Allergies**

Medication	Reaction	Food	Reaction
_____	_____	_____	_____

Medication	Reaction	Food	Reaction
_____	_____	_____	_____

Other allergies (list) — include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

**OTHER RESTRICTIONS** (The following restrictions apply to this individual.)

Does not eat:  Red meat  Pork  Dairy products  Poultry  Seafood  Eggs  Other.

(describe) \_\_\_\_\_

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

**HEALTH EXAMINATION BY LICENSED PHYSICIAN: PLEASE NOTE: AN EXAM IS NEEDED ONLY IF YOU ANSWERED YES TO ANY OF THE HEALTH HISTORY QUESTIONS:**

Date Examined: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s):

Does the above condition prevent his/her participation in any camp activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list activities in which camper may not participate:

Current treatment (*include current medications*):

Explanation of any reported loss of consciousness, convulsion, or concussion:

Does applicant have epilepsy? Yes \_\_\_ No \_\_\_ Does applicant have Diabetes? Yes \_\_\_ No \_\_\_

**RECOMMENDATIONS AND RESTRICTIONS WHILE AT CAMP:**

Any treatment to be continued at camp: \_\_\_\_\_

Any medication to be administered at camp (*specific doses*): \_\_\_\_\_

Any Allergies (food, drugs, plants & insects, etc.): \_\_\_\_\_

Type of reaction: \_\_\_\_\_

Additional Health Information: \_\_\_\_\_

**Licensed Physician's Signature**

\_\_\_\_\_ Phone: \_\_\_\_\_  
Area/Number

Address: \_\_\_\_\_  
Street & Number City State Zip

Date of Form Completion: \_\_\_\_\_ \*By: \_\_\_\_\_  
**\*Initial if completed by nurse or physician's assistant**

Physician Name \_\_\_\_\_

Physician Address \_\_\_\_\_ Physician Phone \_\_\_\_\_

YOCAMA 2024  
TRAVEL PLANS FORM

NAME: \_\_\_\_\_

PLEASE PROVIDE US WITH A DESCRIPTION OF YOUR TRAVEL PLANS AND A CELL PHONE NUMBER WHERE WE CAN REACH YOU UPON OUR ARRIVAL TO NEW MEXICO OR MONTANA. THANK YOU.

New Mexico Trip:

Please arrive at the Albuquerque New Mexico Airport (ABQ) Saturday July 13<sup>th</sup> 2024

Please depart from the Albuquerque New Mexico Airport (ABQ) Friday July 19<sup>th</sup> (late afternoon) or Saturday July 20<sup>th</sup> 2024

Montana Trip:

Please arrive at the Great Falls Montana Airport (GTF) Saturday July 20<sup>th</sup>, 2024

Please depart from the Great Falls Montana Airport (GTF) Friday July 26<sup>th</sup> (late afternoon) or Saturday July 27<sup>th</sup> 2024

TRAVEL PLANS:

Flight information	Arrival destination	Time
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Are you going to rent your own vehicle?

(Note: YOCAMA cannot reimburse anyone for personal vehicle rentals.)

What is the best way for us to contact you prior to departure in case we have any questions?

CELL PHONE NUMBER:

Call Ann Salvator with any questions (216) 956-4266

Please leave a message if we don't answer right away.

# YOCAMA

## Young Orthodox Christian American Mission Adventures

### PERMISSION FOR MISSIONARY TO LEAVE CAMP EARLY VIA AIRPLANE

I understand that YOCAMA encourages missionaries to participate in the entire mission program from beginning to end. Circumstances in our family necessitate having my son/daughter take a flight from the mission program to meet family obligations.

I give permission for my child, \_\_\_\_\_, to be taken by a designated  
(Name of child)

YOCAMA STAFF MEMBER to \_\_\_\_\_ Airport to catch  
(Name of airport)

\_\_\_\_\_ on \_\_\_\_\_.  
(Airline and flight#) (Date)

I understand that my child will not be left unattended prior to the passenger loading time, at which point I release YOCAMA from all responsibility in the care of my child. The YOCAMA STAFF MEMBER will phone the pick-up contact prior to departure from the airport.

\_\_\_\_\_  
(Printed name of parent/guardian) (Signature of parent/guardian)

\_\_\_\_\_  
(Emergency name and phone #) (Name and phone # of party picking up child)

***This form must be submitted to YOCAMA STAFF prior to leaving for mission trip to Montana and New Mexico.***

# YOCAMA

## Young Orthodox Christian American Mission Adventures

### PERMISSION FOR MISSIONARIES TO LEAVE CAMP EARLY

I understand that YOCAMA encourages missionaries to experience the entire program from beginning to end. Circumstances in our family necessitate having my son/daughter picked up at \_\_\_\_\_ on the date specified below, rather than using the travel accommodations provided for the rest of the missionaries from our area.

I grant permission for my child, \_\_\_\_\_, to be picked up at  
(Name of child)

\_\_\_\_\_ on \_\_\_\_\_ by  
(Name of location) (Day and date)

\_\_\_\_\_, \_\_\_\_\_.  
(Name of adult) (Relationship to missionary)

Please state what accommodations you will make for your child to travel home. (For example: airlines; flight number; name of airport; time of departure from Montana or New Mexico.)

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I understand that once my child leaves the YOCAMA PROGRAM with the adult I have designated to pick him/her up, I assume all liability for the camper's safety. I also understand that YOCAMA will not allow anyone under 21 years of age to pick up my child.

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(Printed Name of Parent/Legal Guardian)

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(Signature of Parent/Legal Guardian)

This form must be completed and submitted with the mission trip final payment.

## **YOCAMA PRIVACY NOTICE (HIPAA FORM)**

This notice describes how medical information about staff and campers may be used and disclosed and how you can get access to this information. Please review it carefully.

Missionary Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

The privacy of your medical information is important to us. You may be aware that the U.S. government regulators established a privacy rule (HIPAA) governing protected health information. This notice tells you about how it may be used and certain rights that you have.

### **USE AND DISCLOSURE OF PROTECTED INFORMATION**

Federal law provides that we may use medical information (protected health information) for treatment of staff and missionaries, without further specific notice to you, or written authorization by you. For example, if we refer you to a specialist, we may provide lab or test data to that specialist.

Federal law provides that we may use your medical information to help obtain payment for services without notice to you, or written authorization by you. For example under your health plan, we are required to provide them with a diagnosis code for your child's office visit and a description of the services rendered. This policy does not apply to visits to the infirmary, where there is no charge for care for campers and staff. Federal law provides that we may use your medical information for health care operations without further specific notice, or written authorization by you. For example, we may use your information for financial services, quality assurance, risk reduction and claim management with our professional liability insurer.

We may use or disclose your child's medical information, without further notice to you, or specific authorization by you, where:

1. required by law 5. required by law judicial or administrative proceedings
2. required for public health purposes 6. required for law enforcement purposes
3. required by law to report child abuse 7. required by a coroner or medical examiner
4. where required by a health oversight agency 8. permitted by law to avert a serious threat health safety

We may contact you by mail or phone, at your residence, to remind you of appointments, or to provide information about treatment. Unless you instruct us otherwise, we may leave a message for you on any answering device or with any person who answers the phone at your residence. You may make reasonable requests, in writing, for us to use alternative methods of communicating with you in a confidential matter. Other uses or disclosures of missionaries' or staff's medical information will be made only with proper written authorization. You have the right to revoke any written authorization that you give.

### **RIGHTS THAT YOU HAVE**

You have the right to request restrictions on certain of the uses or disclosures described above. Except as stated below, we are not required to agree to such restrictions. You also have the right to inspect and obtain copies of your or your missionaries' medical information. You have the right to request amendments to your medical information. Such requests must be in writing, and must state the reason for the requested amendment. We will notify you as to whether we agree or disagree with the requested amendment. If we disagree with any requested amendment, we will further notify you of your rights. You have the right to request in accounting of any disclosures we make of your medical information, except for: disclosures we make to you, or to carry out treatment, payment or health care operations, or as requested by your written authorization.

### **OBLIGATIONS THAT WE HAVE**

We are required by law to maintain the privacy of protected health information and to provide individuals with notice of our legal duties and privacy practices. We are required to abide by the terms of this notice as long as it is currently in effect. We reserve the right to revise this notice and to make a new notice effective for all protected health information we maintain. Any revised notice will be posted in our health center, and copies will be available there. If you want to complain about violations of your privacy rights, you have the right to file a complaint with the Secretary of the Department of Health and Human Services. You may also file a complaint with this office.

**PLEASE ADD CARD HOLDER BIRTHDATE  
& BEST NUMBER TO CALL IN AN EMERGENCY**

**Not necessary if missionary has access to insurance app.**

**Please check if this the case**

FRONT  
MEDICAL INSURANCE CARD

BACK  
MEDICAL INSURANCE CARD

FRONT  
PRESCRIPTION CARD

BACK  
PRESCRIPTION CARD

Insurance Name \_\_\_\_\_

Medical? \_\_\_\_\_ Prescription? \_\_\_\_\_

Card ID # \_\_\_\_\_

Group # \_\_\_\_\_

Med. Ins. Phone# \_\_\_\_\_

Prescription Phone# \_\_\_\_\_

Pre--Certification Phone# \_\_\_\_\_

Insurance Name \_\_\_\_\_

Medical? \_\_\_\_\_ Prescription? \_\_\_\_\_

Card ID # \_\_\_\_\_

Group # \_\_\_\_\_

Med. Ins. Phone# \_\_\_\_\_

Prescription Phone# \_\_\_\_\_

Pre--Certification Phone# \_\_\_\_\_



Name of Missionary: \_\_\_\_\_

New Mexico: July 13<sup>th</sup> – 19<sup>th</sup>, 2024

Montana: July 20<sup>th</sup> – 27<sup>th</sup>, 2024

I / We, \_\_\_\_\_ as parent/legal guardian(s)

of \_\_\_\_\_ give permission for my/our child to be involved in all activities related to the YOCAMA mission trip, both on and off the camp site, unless it is specified in writing by me or on the child’s medical form. Activities both on and off the camp site include (but not limited to) driving to and from Indian Reservation by YOCAMA staff and adult chaperone drivers, hiking mountains and canyons in Montana and New Mexico, using tools for construction purposes vigorous activities at the camp site (other activities and mission work is listed on website www.yocama.com).

I / We understand that the right is reserved to make changes to the activities or events during the mission trip for the safety, comfort, or convenience of the participants of the group, whenever, in sole judgment of the director, such changes are deemed necessary.

**ACKNOWLEDGEMENT AND ASSUMPTIONS OF RISK**

I have read, discussed with my child/missionary and understand the description of YOCAMA activities in this document and in other materials provided by YOCAMA. For myself and on behalf of my child/missionary, I acknowledge and assume the risks and dangers described above, and all others associated with my child’s/missionary enrollment and participation in the activities of YOCAMA.

I / We understand that no responsibility is incurred by the YOCAMA, the Greek Orthodox Metropolises of Pittsburgh, Denver, Boston, New Jersey, Detroit, Chicago, New York, Atlanta or San Francisco its principals, for loss of documents, or damage to luggage or any personal belongings.

I / We understand that photos will be taken daily of the mission activities, and the missionaries, to be posted on the daily update page of our web site: www.yocama.org. I / We also understand that photos and videos will be taken to be used for the purposes of future promotion of the program. Therefore, we consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my/our child during the mission trip to be used, distributed, or shown as YOCAMA sees fit.

I / We understand that possession or use of alcohol, drugs, controlled substances and weapons is not allowed at any time by anyone. Participants possessing or using alcohol, drugs, controlled substances and weapons are subject to being sent home immediately on the first available transport at the expense of the parent/guardian. I / We understand that smoking is prohibited throughout all sessions, including trips, and that participants may not smoke at any time, nor may they possess cigarettes, lighters or any smoking materials. We understand that all luggage is subject to a search by the YOCAMA staff and/or directors.

I / We understand that no form of abuse will be tolerated by the YOCAMA. If there is any suspicious behavior or suspicion of abuse exists, I / we understand that the proper authorities will be contacted immediately.

I / We understand that YOCAMA reserves the right to send home any participant who does not follow the guidelines of YOCAMA. Further, I / We also understand that a parent or guardian may be required to travel to Montana or New Mexico to pick up the participant being sent home and that any additional transportation costs incurred when arranging early transportation home, will be charged to the participant.

I / We understand all reasonable safety precautions will be taken at all times by YOCAMA and its agents during the mission trip. I / We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I / We agree not to hold YOCAMA the Greek Orthodox Metropolises of Pittsburgh, Denver, Boston, New Jersey, Detroit, Chicago, New York, Atlanta or San Francisco its principals liable for damages, losses, diseases, or injuries incurred by the subject of this form.

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(IF CHILD/MISSIONARY IS UNDER 18 YEARS AGE)

MISSIONARY SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_