

Medical Form

Name: _____

Social Security Number: _____

Insurance Co.: _____

Group #: _____

Daytime Phone: _____

Health History:

1. What is the status of your health now?

{ } Excellent { } Good { } Fair

2. Date of last tetanus toxoid immunization _____

3. Are you presently under any medication? Yes ___ No ___

4. Explain _____

(all medications must be in original container with youths name and instructions on the label)

I give my permission for the use of any photography or video that includes my child's image to be used publicly by the Cathedral Domain or the Diocese of Lexington.

. I agree to hold harmless all representatives of the Episcopal Diocese of Lexington in regard to accident or injury.

I give permission to the Domain Personnel to arrange necessary related transportation in the event of an emergency.

Signature/ Date _____ / _____

“Camp Snow Daze”

Young Adult Event
(Ages 18 – 30)

The Episcopal Diocese of Lexington

January 6-8, 2023



Check in will be:

January 6 from 3 until 5 PM

The event will conclude on

January 8 after brunch

The cost is for the entire event is **\$135.00!**

Scholarships Available

The Episcopal Church presents

“Camp Snow Daze”

The Cathedral Domain

This event will be a very laid-back event where we will focus on building relationships with old friends and beginning relationships with others along with our relationship with God.

This event includes meals, lodging, program and all activities plus a great T-Shirt!

The term Snow Daze comes from the extremely busy holiday season. We are all usually in a daze during this time of year. Christmas is over and “NORMAL” life begins again soon. We will explore how to increase our awareness of God’s will and the work of the Holy Spirit in our lives. The intent is that we will come away from the experience with a renewed sense of purpose as young Christians.

Since we can only heat parts of the Domain – registration will need to be limited.

First Come – First Served!

Deadline for registration is December 10

Any Questions?

Call Cindy Sigmon

(606) 464 - 8254

E-mail CSigmon@diolex.org

Fill out both sides of the form and mail with check & copy of Insurance card to:

The Episcopal Diocese of Lexington
Cathedral Domain
830 Highway 1746
Irvine, KY 40336-8701

(please print clearly)

Name: _____

Age: _____ Grade: _____ M/F _____ T-shirt size _____

Address: _____

City: _____

ST: _____ Zip: _____

Phone _____

E-Mail: _____

Church: _____

Birthdate ____/____/____

Community Covenant

Non-negotiable:

1. No use of Vapes; E-cigarette; alcohol; illegal drugs; or tobacco products.
2. No promiscuous activity.
3. No weapons of any kind.
4. No willful destruction of Domain or others' property.
5. No "raids"; hazing; food fights; inappropriate language; or pranks.

I understand that if I do not follow this covenant, I am choosing to be somewhere else.

Participant
signature _____