



# CALLING ALL JUNIOR AND SENIOR HIGH YOUTH



Southern California Quarterly Meeting (SCQM) invites Quaker youth to a

## Weekend Sleepover and Clerking Workshop

**April 18 - 20, 2008**

hosted by the La Jolla Monthly Meeting Youth Group & the Southern California Quaker Adventures Committee

Clerk of PYM **Joe Franko** and **Shan Cretin**, Regional Director, Pacific Southwest Region, AFSC and former Clerk of PYM, recently held a weekend clerking workshop at Quaker Center and have agreed to travel to La Jolla to instruct a clerking workshop, specifically for youth, at the La Jolla Meeting House. *The cost for this weekend is \$20 (to cover most food). Tentative schedule for the weekend:*

**Friday, April 18<sup>th</sup> 7:00 pm:** Fellowship and sleepover at the La Jolla Meeting House

**Saturday, April 19<sup>th</sup> 9:30 am – 5:00 pm:** Welcome and introduction by Jane Peers and all-day Clerking Workshop (*bring money for lunch at local taco shop*)

**5:30 pm:** Evening dinner, fellowship, and sleepover at the La Jolla Meeting House

**Sunday, April 20<sup>th</sup> 10:00 am:** Meeting for Worship and hospitality

**Noon:** Begin the safe trips home

*If you wish to attend, please fill out the Medical Release/Permission Form in the SCQM Quarterly Report and send them, along with a check for \$20 made out to Sue Rios, to: La Jolla Meeting House, 7380 Eads Ave, La Jolla, CA, 92037.*

*Any youth in SCQM who needs financial assistance for this weekend-long event should contact their Monthly Meeting first, then, if needed, contact Sue Rios at (858) 274-8447 or [familiarios6@yahoo.com](mailto:familiarios6@yahoo.com) For assistance with transportation contact Gary Wolff at [garywolff@earthlink.net](mailto:garywolff@earthlink.net)*

**Medical Release/Permission Form and payment are due by April 11th.**

### Southern California Quarterly Meeting Medical Release and Field Trip Permission Form for Youth

(Each youth must have a completed form for each program. Copy as needed.)

Family Name: \_\_\_\_\_ Youth Name \_\_\_\_\_

Nickname \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade \_\_\_\_\_ Email address \_\_\_\_\_

Home Meeting \_\_\_\_\_ Youth Cell Phone #: \_\_\_\_\_

Parent(s) Cell Phone(s) \_\_\_\_\_ / \_\_\_\_\_

Last tetanus vaccine \_\_\_\_\_ Interests/talents \_\_\_\_\_

Will your youth be participating in the sleepover?  Yes  No

Any special night needs? \_\_\_\_\_

Special health needs \_\_\_\_\_  
(allergies, medications, behavioural concerns, activity limitation or anything else you want to tell us?)

My signature on this form gives permission for my youth to participate in the Quaker Adventures Teen Program and/or Children's Program (herein known as "the Program"), including field trips and transportation. I give my permission to the Program to provide appropriate care, and agree to notify the Program as to my planned whereabouts, so that I may be found if necessary. In the event of serious illness or injury to my youth, I give permission to the Program to sign for any needed medical attention that may be required.

My youth is covered under a health insurance policy  Yes  No

If Yes, Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Accident or Health Ins. Co. \_\_\_\_\_

As long as my youth is enrolled in the Program, I agree that they are not to leave the Program unless I take them under my care. I do not hold the Southern California Quarterly Meeting or any of its officers, clerks, members and/or staff responsible for any illness, injury or cost thereof that may occur while my youth is in their care.



Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_