



**JULY 21-26, 2009
APPLICATION FORM**

Please Print

Full Name _____ Nickname _____

M F (circle one) Birth date _____ Age _____

Address _____

City/State/Zip _____

T-shirt size (circle one) S M L XL XXL Parish _____

Diocese _____

E-mail address _____

Grade (Fall-08) _____

Father/Guardian _____

Day Phone _____

Email address _____

Night Phone _____

Mother/Guardian _____

Day Phone _____

Email Address _____

Night Phone _____

Alternate (in case parent/guardian cannot be reached) _____

Relationship _____

Phone _____

Office use only

Amt. Enclosed \$ _____

Check #/MO _____

Scholarship _____

Medical Form _____

Release Form _____

Covenant Form _____

Assignment _____

Saturday _____ Fun Site _____

Please return the application form (including the medical, release and community covenant forms) along with the full fee of \$160.00 by **June 30th**. [After June 30, fee is \$175.00.] **Make checks payable to:** Diocese of Kansas. Please put "MissionPalooza" in the memo line.

Mail registration and payment to:

**Chad Senuta
7236 Robinson St.
Overland Park, KS 66204**

Questions? Call Kim Snodgrass at 417.793.0780 or email at kimwestmo@swbell.net; or contact Chad Senuta at 913.362.1470, or email at cсенuta@espiscopal-ks.org

****Lockers are available for safekeeping of valuables. Missionpalooza is not responsible for the loss or theft of ANY items, so either leave valuables at home or USE the provided lockers.****



JULY 21 – 26, 2009
COMMUNITY
COVENANT

MissionPalooza participants acknowledge and accept in writing that our community life, both in regular group meetings and for special events, is based upon mutual trust, respect for others, and adherence to the spirit and specifics of the following set of standards:

1. We will seek to build up ourselves, each other, and our community in our actions and our words.
2. We will respect the person, property, feelings and beliefs of each member of our community.
3. We will respect the property of the host church (St. Paul) with the understanding that it is God’s House.
4. We will participate in all activities to the greatest extent that we are comfortable.
5. The use or possession of alcohol, illegal drugs, fireworks, firearms or any other kind of weapon is prohibited.
6. The use or possession of tobacco in any form is prohibited.
7. Inappropriate sexual behavior is not tolerated.

Participation in MissionPalooza is a privilege. Participants are encouraged to enter fully and cooperatively into the community life. Standards 1-4 (above) are ideals toward which we strive. Standards 5-7 (above) are non-negotiable and will be enforced on a zero-tolerance basis; if these standards are violated, the violator will be sent home.

Other rules to live by:

1. There will be separate sleeping and restroom facilities for males and females. These areas are to be respected at all times. Access to the sleeping areas is restricted: males will not enter the female sleeping areas; females will not enter the male sleeping areas.
2. Do not bring or wear offensive clothing.
3. Prescription drugs will be handed over to a designated staff person who will distribute them as directed.
4. No participant may leave or use a private vehicle during MissionPalooza.
5. While bringing electronics is discouraged, if you do bring music, bring headphones.
6. The use of cell phones during the event is prohibited. Either leave cell phones at home or turn them in to the staff at registration.

I pledge to live by these community standards and do all that I can to live up to them. If I choose to violate these standards or other rules set for MissionPalooza, I understand that there will be consequences that may include being sent home.

Participant _____ Date _____

As parent and/or legal guardian of the participant, I have read the above and believe that he or she is capable of meeting these expectations and following the rules.

Parent/Guardian _____ Date _____



JULY 21 – 26, 2009
MEDICAL / EMERGENCY CONTACT FORM

In the event of a medical or other emergency, it is important that we be able to reach you as quickly as possible. Please list emergency contact people, beginning with parents and legal guardians, in the order we should attempt to contact them, and all phone numbers where they might be reached.

All information contained on this form will be kept strictly confidential by MissionPalooza staff, and shared with adult volunteers and medical personnel only as necessary for safety.

Participant:	Date of Birth:
Emergency Contact	Phone 1 (home, work, cell, etc.)
Relationship to Participant	Phone 2 (home, work, cell, etc.)
Contact 2:	
Contact 3:	

Medical Information

Is the Participant taking any medication on a regular and ongoing basis? (If yes, please list with dosage and times to be taken.)

Does the Participant have any allergies or food restrictions? Vegetarian?

Are there any medical conditions that might limit participation, or be important in a medical emergency?

Last Tetanus immunization: _____

Medical Insurance Company: _____ Policy #: _____

Primary Care Physician: _____ Phone: _____

Medical Consent

The above medical information regarding _____ is complete, correct and current to the best of my knowledge, and the person described has permission to participate in regular youth ministry activities, except as noted by me.

In the event MissionPalooza staff are unable to contact a parent or guardian in an emergency, I hereby give permission to the physician selected by MissionPalooza staff (in case of emergency, youth will be taken to St. Luke's Hospital unless otherwise specified) to order transportation, hospitalization, x-rays, injections, routine tests, anesthesia, surgery, or any other treatment deemed necessary for my child as named above.

Signature _____ Relationship _____ Date _____



JULY 21 – 26, 2009
RELEASE FORM

Participant Agreement, Release and Acknowledge of Risk

1. I acknowledge that activities at MissionPalooza involve periods of physical exertion, walking, standing, holding, climbing, pulling, pushing and lifting. I acknowledge that the risks in such activities include, among other things, the potential for slips, falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe and life threatening hazards. I acknowledge that during an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities.
2. I agree to follow safety instructions of MissionPalooza and I agree to release and hold harmless Episcopal Community Services, including the staff of MissionPalooza, the individual work sites selected by Diocese of Kansas and Diocese of West Missouri from any accidents, injury and/or loss which may occur to me or my child as a result of my or my child's negligence or failure to follow safety instructions.
3. My child has permission to attend MissionPalooza (sponsored by the Dioceses of Kanas and West Missouri). I understand that my child will be housed at St. Paul's Episcopal Church (11 East 40th Street; Kansas City, MO) and **will travel daily using Kansas City Metro public transportation, bus, van or automobile to work sites** outside of St. Paul's Episcopal Church and located in the Kansas City Metropolitan area.

Signature _____ Relationship _____ Date _____

Photo/Video Release

I acknowledge that my child may be videotaped or photographed during the event, and I give my permission to the Diocese of Kansas and the Diocese of West Missouri to use these images for promotional purposes.

Signature _____ Relationship _____ Date _____

Permission to Dispense Medication

I authorize my child _____ to receive the following prescription medication(s): _____

The amount of dosage: _____

The time of dispensing: _____

NOTE: All prescription medication(s) will be locked and only an authorized adult will dispense meds.

My child _____ is responsible for giving him/herself the following non-prescription medication(s) (i.e. Tylenol, Aspirin, etc.):

Signature of Parent or Guardian _____ Date _____

Printed Name of Parent of Guardian _____

Signature of Participant _____ Date _____