



New Beginnings 2012 Registration

Return **by April 11, 2012** to: Teresa Rogers • 619 W Allison • Andover, KS 67002
 Registration Fee is \$50, after April 11 add \$10 late fee,
 Make checks payable to Episcopal Diocese of Kansas

Full Name (please print)	
Name you would like to appear on name tag	
Male/Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Age	
Grade in school (2011/12)	

Address	
City, State, Zip code	
Youth Cell Phone #	<input type="checkbox"/> Yes, I would like to receive text alerts about Diocesan Youth Events. Cell phone carrier (Verizon, etc) _____
Parish / Church	
Youth Email Address	
Parent Email Address	
Youth lives with:	<input type="checkbox"/> Parents <input type="checkbox"/> Father/Guardian <input type="checkbox"/> Mother/Guardian <input type="checkbox"/> Other:

Emergency Contact	Name (Please print)	Daytime Phone #	Evening Phone #	Cell Phone #
Father/ Guardian				
Mother/Guardian				
Emergency Contact/ Relationship?				

T-shirt Size (check one)

Adult: S M L XL 2XL 3XL

Questions? Contact Teresa Rogers – 316-461-7213, teresa_rogers@att.net

Location & Arrival/Departure – Trinity Episcopal • 1011 Vermont St. • Lawrence, KS 66044
 - Registration begins 7 pm Friday April 20. Participants can be picked up at 3 pm Sunday April 22

New Beginnings 2012 Health Information

Youth Name	
Family Physician	
Physician Phone Daytime / after hours	
Insurance Company	
Name of Person on Policy	
Policy #	
Employer	
Pre-approval required for treatment?	_____ Yes _____ No

****Please include photocopy of insurance card – REQUIRED**

Medications to be administered	Dosage	Times

*** Please provide ORIGINAL prescription bottle with dosage information or smaller “school bottle” provided by pharmacist. PLEASE DO NOT send prescription medication in unmarked containers such as plastic bags or day of the week dispensers.**

Special Medical Concerns (that might limit participation or be important in an emergency)	
Chronic/Recurrent Illness	<input type="checkbox"/> Ear infections <input type="checkbox"/> rheumatic fever <input type="checkbox"/> convulsions/seizures <input type="checkbox"/> diabetes <input type="checkbox"/> asthma <input type="checkbox"/> Nosebleeds <input type="checkbox"/> bed wetting <input type="checkbox"/> epilepsy
Allergies	<input type="checkbox"/> Hay fever <input type="checkbox"/> poison ivy <input type="checkbox"/> insect stings: <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Medication <input type="checkbox"/> food:
Dietary Restrictions	
Vegetarian	<input type="checkbox"/> Yes <input type="checkbox"/> No

Last Tetanus Immunization	
Operations or serious injuries (include date)	
Additional Comments/Info (Use separate sheet if necessary)	

Parent/Guardian Statement And Consent for treatment

I agree that I will not allow my child to attend New Beginnings if he/she becomes exposed to any contagious disease or, if for any reason, I do not consider him/her in good physical condition at the time of the event. In the case of accident or illness, I give permission for emergency treatment to be provided by the physician and/or health care facility determined by the persons responsible for the safety and welfare of the youth at New Beginnings 2012.

Liability release

In consideration of allowing my/our child to attend and participate in New Beginnings, I/we on behalf of myself/ourselves and on behalf of said child do hereby release and discharge the Episcopal Diocese of Kansas, its Council of Trustees, officers, ministers, staff, employees and agents and anyone else connected with said organization and New Beginnings against any loss, expense or judgment said organization or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in said program.

Parent/Guardian Signature _____ Date _____

Permission to receive OTC medications: I give my permission for the nurse at New Beginnings to give my child over the counter medications, such as aspirin, ibuprofen, etc.

Parent/Guardian Signature _____ Date _____



New Beginnings 2012 Community Expectations & Covenant

In order to live out our mission statement, all participants agree to actively participate in all parts of the event and to abide by the standards of the community, which are as follows:

1. I will respect and follow the rules for New Beginnings 2012.
2. I will respect the property of others, and the property of the host parish for the event.
3. I will be an active participant in scheduled activities.
4. I will wear appropriate clothing.
5. I will hand in all prescription medication to the event nurse.
6. I will not enter the sleeping areas of the opposite sex.
7. I will not engage in sexual activity.
8. I will not use alcohol, illegal drugs, or tobacco.
9. I will not bring anything that could be considered a weapon.
10. I will follow the event guidelines for cell phone use if I bring one to the event.

These Standards apply to all adult and youth participants.

By signing below I agree that these are reasonable expectations and I will do everything I can to live up to them. If I choose to violate the rules set for the event I am planning to attend, I understand that there will be consequences, which may include my being sent home.

Participant Signature: _____ **Date:** _____

As parent and/or legal guardian of this child I have read the above and believe that he/she is capable of aspiring to and following these community expectations and rules. I also understand that if my child fails to meet these expectations, I will be contacted and asked to bring my child home from the event.

Parent Signature: _____ **Date:** _____

Photo/Video Publicity Release Statement

I agree to grant the Episcopal Diocese of Kansas permission to record on film, videotape, or audiotape, my child's participation in New Beginnings 2012. I further agree that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Diocese of Kansas Youth Program, and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

Parent Signature _____ **Date** _____