



# Episcopal Diocese of Kansas

## **YOUTH MINISTRY**

**FALL FUN FEST – Sept. 18-19, 2010**

**REGISTRATION DUE: Sept. 8, 2010**

Full name (Please print) \_\_\_\_\_  
Nickname \_\_\_\_\_

M? F? (Circle one) \_\_\_\_\_ Birthdate \_\_\_\_\_

Age \_\_\_\_\_  
Grade \_\_\_\_\_

Address \_\_\_\_\_  
City/Zip \_\_\_\_\_

Parish \_\_\_\_\_

E-mail address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
Eve. Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
Eve. Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

Alternate (in case parent/guardian cannot be reached) \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**T-Shirt Size (all sizes are adult sizes) - circle one: S M L XL XXL**

**What to bring:** Toiletries, Towel, Sleeping Bag, Pillow, sleeping pad or air mattress, Bible, & Journal - if you have one

**Mail or fax registration to:**  
Episcopal Diocese of Kansas Youth Office  
7236 Robinson St.  
Overland Park, KS 66204  
913-499-0827 (fax)

**Registration cost is \$40.** This can be mailed to address above or brought to the event. **There will be a \$10 late fee for registrations received after September 8<sup>th</sup>.**

**Make checks payable to:** The Diocese of Kansas. (Please put "Fall Fun Fest" in memo line.)

**Questions?** Contact Chad Senuta:  
csenuta@episcopal-ks.org • 913-362-1470 • www.episcopal-ks.org/youth/fallfestival

*Feel Free to make as many copies of FALL FESTIVAL registration forms as you wish.*



# Episcopal Diocese of Kansas **YOUTH MINISTRY**

## Community Expectations & Covenant

The **mission** of the Episcopal Diocese of Kansas Youth Program is to *gather, equip, and send* young disciples of Jesus Christ to witness to God's reconciling love.

Youth events and activities sponsored by the Episcopal Diocese of Kansas abide by common standards for our Community. 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 the event.
2. I will respect the property of others, and the property of St. Margaret's Church.
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 leave my cell phone at home or turn it in at registration.

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.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Photo/Video Publicity Release Statement

The undersigned participant does agree to grant the Episcopal Diocese of Kansas permission to record on film, videotape, or audiotape, his or her participation in Fall Fun Fest Sept. 18-19, 2010. He or she further agrees 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:** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **FALL FUN FEST 2010 HEALTH FORM**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Family Physician \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ After Hours Phone \_\_\_\_\_

Insurance Company (**please include photocopy of insurance card if needed**) \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Person on Policy \_\_\_\_\_  
Employer \_\_\_\_\_ Is pre-approval for treatment required? Y N

**Health History** (check and/or give approximate dates)

<b>Chronic / Recurrent Illness</b>	<b>Allergies</b>	<b>Immunizations (Mo/Yr)</b>
Ear infections _____	Hay fever _____	Tetanus _____
Rheumatic Fever _____	Poison Ivy _____	Last booster _____
Convulsions/Seizures _____	Insect stings _____	Measles, Mumps, Rubella _____
Asthma _____	Penicillin _____	Last Booster _____
Diabetes _____	Other medication _____	
Epilepsy _____	Bed Wetting _____	

Food Allergies / Vegetarian? \_\_\_\_\_

Operations or serious injuries with date: \_\_\_\_\_

Medications to be administered at event (specify dosages): \_\_\_\_\_

Additional comments/explanations of above (use separate sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTC Medication Consent:** I give my permission for the adult staff and Fall Festival Nurse to administer OTC medications such as aspirin, Tylenol, ibuprofen, cough drops, and decongestant to my child as needed. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Statement:** In the case of accident or illness, I give my permission for emergency treatment to be provided by the physician and/or health care facility determined by persons responsible for the safety and welfare of the youth at Fall Fun Fest.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Witness \_\_\_\_\_

**Please return registration, covenant, health form, and payment to:**

Chad Senuta • Diocese of Kansas Youth Office • 7236 Robinson • Overland Park, KS 66204