



Episcopal Diocese of Kansas

YOUTH MINISTRY

Happening #84 (March 12-14, 2010)

Return to: Karen Schlabach • St. Michael and All Angels • 6630 Nall Ave. • Mission, KS 66202

Please make checks payable to Episcopal Diocese of Kansas for \$45.00

Registration Deadline March 1, 2010 (Reg. fee \$55 after deadline)

Full name: _____

Nickname: _____ M F (Circle one)

Birth date: _____ Age: _____ Grade: (2009/10): _____

Address: _____

City/State/Zip: _____

Student E-mail address: _____

Student Mobile Phone #: _____

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

Home Parish: _____

Father/Guardian: _____

Father E-mail address: _____

Day Phone: (____) _____ Night Phone (____) _____

Mother/Guardian: _____

Mother E-mail address: _____

Day Phone: (____) _____ Night Phone (____) _____

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

Relationship: _____ Phone: (____) _____

Publicity Release: I give my permission for the Episcopal Diocese of Kansas to use photographs and video of my child to promote youth programs on its web site and in promotional videos. Signed: _____ Date: _____

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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 the Cathedral.
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.

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.

Parent Signature: _____ Date: _____

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HAPPENING #84 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)

Chronic / Recurrent Illness	Allergies	Immunizations (Mo/Yr)
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: _____	

Dietary Restrictions: _____

Vegetarian? Y N

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 Happening 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 Happening.

Signature: _____ Date: _____

Witness: _____

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