



# Happening #86 Staff Application

## November 18-20, 2011; St. David's, Topeka

**Priority registration deadline: Sat., Oct. 8, 2011 - \$40**

**Registration deadline: Fri., Nov. 4, 2011 - \$40**

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

*Payment due upon registration. Make checks payable to "Episcopal Diocese of Kansas"*

*\*Payment/Registration received after Nov. 4 will be required to pay a \$10 late fee.*

Full Name (please print)	
Name you would like to appear on your name tag:	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	
Grade in School (2011-12)	
Street Address	
City, State, Zip code	
Youth Mobile Phone #	<input type="checkbox"/> YES! I would like to receive text alerts about diocesan youth events. Please indicate your mobile phone carrier (Verizon, AT&T, etc.): _____
Youth E-mail Address	
Parish/Church	
Participant Lives with:	<input type="checkbox"/> Parents <input type="checkbox"/> Father/Guardian <input type="checkbox"/> Mother/Guardian <input type="checkbox"/> Other: _____
Parent E-mail Address	

Which Happening # did you go through as a Happener? \_\_\_\_\_ (Youth are only "candidates" for Happening once, after they have "gone through" Happening, they can come back to serve on staff.)

Which Happenings have you served on as staff and what position did you hold (if any, it's okay if you haven't been on staff before!)?

- Happening #85 (St. Michael's, Mission): \_\_\_\_\_
- Happening #84 (St. James, Wichita): \_\_\_\_\_
- Happening #83 (St. Peter's, Pittsburg): \_\_\_\_\_
- Happening #82 (Church of the Covenant, Junction City): \_\_\_\_\_

Please rank the staff positions in order for which position you would like to serve, with 1 being the position you feel you would be best at and 5 being the position you want the least.

- |                                  |                                |
|----------------------------------|--------------------------------|
| ___ Family Leader (gives a talk) | ___ Music                      |
| ___ Gopher                       | ___ Prayer Vigil/Caritas (PVC) |
| ___ Kitchen                      |                                |

**All staff are expected to attend Happening Staff Day, Sat., Oct. 8, 1-3 pm at St. Andrew's in Emporia.** If you cannot attend Staff Day, you must submit your registration form prior to that date to let us know you wish to serve on staff. Final staff positions will be announced by the Happening Youth Rectors after Staff Day.

**Staff registration fee is \$40. Scholarship assistance is available.** Contact the Happening Coordinators for details: Karen Schlabach, [karen@stmaa.com](mailto:karen@stmaa.com), 913-708-5927 or Renée Blinn, [reblinn@ku.edu](mailto:reblinn@ku.edu), 913-961-6569; or the Youth Missioner, Chad Senuta, [csejuta@episcopal-ks.org](mailto:csejuta@episcopal-ks.org), 913-632-1470.

**OFFICE USE ONLY**

Amount Enclosed: \$ _____
Cash \$ _____
Check \$ _____
Payer: _____
Balance Due \$ _____
Scholarship Amnt \$ _____
Scholarship Payer: _____

## Happening #86 Health Information

Participant Name	
Family Physician	
Physician Phone (s) daytime / after hours	
Insurance Company ( <b>please include a photocopy of the insurance card</b> )	
Name of person on policy	
Policy #	
Employer	
Pre-approval required for treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"/> Penicillin <input type="checkbox"/> insect stings: _____ <input type="checkbox"/> Other medication: _____ <input type="checkbox"/> Food: _____
Dietary Restrictions/Vegetarian?	
Last Tetanus Immunization	
Operations or serious injuries (include date)	
Additional Comments/Info (use separate sheet if necessary)	

Emergency Contacts	Name (please print)	Daytime Phone	Evening Phone	Mobile Phone
Father/Guardian				
Mother/Guardian				
Emergency Contact/Relationship?				

**Parent/Guardian Statement and Consent for treatment:** 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 the persons responsible for the safety and welfare of the youth at Happening.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OTC Medication Consent:** I give my permission for the adult staff and Happening nurse to give my child over the counter medications, such as aspirin, ibuprofen, etc., as needed.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Happening #86 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.

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. David's Episcopal 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.

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 Name** (please print): \_\_\_\_\_

**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 Happening #86. 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:** \_\_\_\_\_

**What to bring:** toiletries, towel, sleeping bag, pillow, sleeping pad or air mattress, comfortable clothes and shoes, modest pajamas, Bible, Book of Common Prayer, caritas supplies (markers, pens, scissors, paper, etc.)

### **Questions? Contact:**

Renée Blinn, Happening co-Coordinator, [reblinn@ku.edu](mailto:reblinn@ku.edu), 913-961-6569  
Karen Schlabach, Happening co-Coordinator, [karen@stmaa.com](mailto:karen@stmaa.com), 913-708-5927  
Chad Senuta, Diocesan Youth Missioner, [csenuta@episcopal-ks.org](mailto:csenuta@episcopal-ks.org), 913-632-1470

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

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