



Happening #86 Registration – Nov. 18-20, 2011

Registration Deadline Nov. 11, 2011 - \$45

Mail to: Karen Schlabach, St. Michael's 6630 Nall Ave. Mission, KS 66202

(Payment due on Registration. Make checks payable to "Episcopal Diocese of Kansas")

**Payment/Registration received after Nov. 11, will be required to pay \$10 late fee*

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	
Camper 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?				

<p>T-shirt Size (check one) Child: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL</p>

<p>OFFICE USE ONLY Amount Enclosed \$ _____ Cash \$ _____ Check / MO # _____ Balance Due \$ _____ Payer _____ Scholarship \$ _____ Scholarship Payer _____</p>
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Happening # 86 Health Information

Camper Name	
Family Physician	
Physician Phone Daytime / after hours	
Insurance Company (Please include photocopy of insurance card if necessary)	
Name of Person on Policy	
Policy #	
Employer	
Pre-approval required for treatment?	____ Yes ____ 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"/> insect stings: <input type="checkbox"/> Penicillin <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)	

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 86.

Parent/Guardian Signature _____ Date _____

OTC Medication Consent: I give my permission for the adult staff and Fall Festival 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 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 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: Casual clothes, Toiletries, Towel, Sleeping Bag, Pillow, sleeping pad or air mattress, (Bible, Journal, and Musical Instruments are also welcome)

Questions? Contact Karen Schlabach: kschlabach@gmail.com, 913-236-8600