



Episcopal Diocese of Kansas

YOUTH MINISTRY

New Beginnings April 24-26, 2009 (Registration Deadline April 15.)

Full name (Please print) _____

Nickname _____

M? F? (circle one) Birthdate _____

Age _____ Grade _____

Address _____

City/Zip _____

Parish _____

Participant E-mail address _____

Parent 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, Clothes, Towel, Sleeping Bag, Pillow, sleeping pad or air mattress

Registration Deadline is April 15, 2009

- Registration fee is \$50. Please make checks payable to: The Episcopal Diocese of Kansas. (with "New Beginnings" in memo line.)

- Registrations not postmarked by April 15, should include \$10 late fee.

Mail registration and payment to: Teresa Rogers c/o St. James Episcopal Church
3750 E. Douglas
Wichita, KS 67208

Questions? Contact Teresa Rogers • 316-683-5686 • teresa_rogers@att.net

Registration Forms and more info available online at: www.episcopal-ks.org/youth

Location & Arrival/Departure – St. Michaels • 6630 Nall Ave. • Mission, KS 66202
- Registration begins 7 pm Friday. Participants can be picked up at 3 pm Sunday



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New Beginnings Health Form

Name _____ Home Phone _____
Family Physician _____
Daytime Phone _____ After Hours Phone _____
Insurance Company (please include photocopy of insurance card)

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 or 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 _____	
Bed Wetting _____		
Epilepsy _____		

Operations or serious injuries with date: _____

Medications to be administered at event (specify dosages): _____
Additional comments/explanations of above (use separate sheet if necessary)

Vegetarian Y N **Please circle**

Dietary Restrictions _____

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 MIQRA.

Signature _____ Date _____

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

Signature _____ Date _____



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YOUTH MINISTRY

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 the event.
2. I will respect the property of others, and the property of the event location.
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. 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 April 4-6, 2008. 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** _____