



# Episcopal Diocese of Kansas

## **YOUTH MINISTRY**

### **New Beginnings April 23-25, 2010** (Registration Deadline April 12.)

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 12, 2010**

- 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 12, 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](mailto:teresa_rogers@att.net)

Registration Forms and more info available online at: [www.episcopal-ks.org/youth](http://www.episcopal-ks.org/youth)

**Location & Arrival/Departure** – Grace Cathedral • 701 SW 8<sup>th</sup> Ave. • Topeka, KS 66612  
- 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)

| <b>Chronic or 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 _____ |                              |
| 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 New Beginnings.

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 23-25, 2010. 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** \_\_\_\_\_