



Provincial Youth Event

May 1-3, 2009

Sponsored by Province III of the Episcopal Church

Participant Information

Name: _____ Diocese: _____

Address: _____ T-Shirt Size: _____

City/State/Zip: _____ Birthday: _____

Phone: _____ Email: _____

School and Grade: _____ Parent/Guardian's Cell #: _____
(in case of emergency)

Instant Messaging:

AIM: _____ Yahoo!: _____ MSN: _____

Emergency Contact (If parent/guardian is unreachable. Please list at least one):

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Living in Community:

In order to ensure the emotional, physical, and spiritual safety of everyone participating in diocesan youth events, it is important that we live up to our baptismal covenant. With God's help, we will seek and serve Christ in all persons, loving our neighbors as ourselves; we will strive for justice and peace among all peoples, respecting the dignity of every human being. Specifically, adults and youth attending diocesan events will...

1. Approach new experiences and activities with an open mind, and participate fully in planned events (work details, worship, small group activities, plenary sessions, meals, etc).
2. Respect and care for the facility that is being used.
3. Respect the feelings and dignity of all persons present.
4. Refrain from any and all sexual behavior.
5. Refrain from entering the sleeping areas used by members of the opposite sex.
6. Remain on the premises and be present at all scheduled activities.
7. Not possess or use illegal drugs or controlled substances, alcohol, tobacco, fireworks, explosives, firearms, knives (including pocket-knives), or weapons of any type.

Failure to follow the above agreement will be handled immediately by the Leadership Team and/or the Diocesan Youth Coordinator. Possible consequences may include (but are not limited to) notification of one's parents and/or clergy and being sent home immediately at one's own expense and without refund.

Participant: I have read and agree to follow the above agreement. Signature: _____ Date: _____

Parent/Guardian: I have read and support my child in following the above agreement. Signature: _____ Date: _____

Medical Information

Please list all allergies and other medical conditions the Leadership Team should be aware of (food and medical allergies, asthma, recent illness, chronic or current health concerns, etc):

Please list all medications (prescription and over-the-counter) taken by the participant (attach additional sheet if necessary). **All medication(s) must be turned in to the Leadership Team at the time of registration:**

Medication	Time(s) given	Dosage

Insurance Information

Carrier: _____

Policy #: _____

Group ID: _____

Over-the-Counter Medications

The following non-prescription medications will be on hand to treat minor ailments. Please check yes or no, indicating whether or not your child has permission to receive the following medications. (Note: medications will be administered according to the dosage instructions on the label):

	Yes	No		Yes	No
Pepto-Bismal	<input type="checkbox"/>	<input type="checkbox"/>	Midol	<input type="checkbox"/>	<input type="checkbox"/>
Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Advil	<input type="checkbox"/>	<input type="checkbox"/>

Waiver of Liability and Medical Release

I, the parent/guardian of _____, give permission for his/her full participation in events associated with the Provincial Youth Event operated by Province III of the Episcopal Church.

I give permission for my child to travel by church van or private vehicle while on the Provincial Youth Event.

I give my permission for photographs or video footage of my child to be used by Province III and the participating dioceses for promotional purposes (brochures, on provincial and diocesan websites, promotional videos, etc).

I give my permission for my child's contact information to be included on a roster that will be distributed to other participants.

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

I agree to hold Province III of the Episcopal Church, Camp Arrowhead, the participating dioceses, and any associated agencies and persons harmless and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Signature of Parent or Guardian: _____ Date: _____
 (or adult participant's own signature)