

Happening #32 – A Christian Experience

Friday, February 24, 2012, 7pm- Sunday February 26, 2012, 3 pm
Christ Episcopal Church, 220 40th Street NE, Cedar Rapids, IA 52402
Registration Deadline February 10, 2012

PARTICIPANT APPLICATION

Please print in ink:

Name: _____ [] Male or [] Female

Age: _____ Birthday: _____ Grade: _____ Graduation Year: _____

T-shirt Size: [] S [] M [] L [] XL [] XXL [] Other _____

Church and City _____

Home Phone _____ Youth's Cell Phone _____

Home Address _____ City _____ Zip _____

EMAIL (checked often) _____

I want to attend Iowa Happening #32. I will be dedicated to building a community with my fellow peers. I will abide by the covenant and rules of conduct for the Episcopal Diocese of Iowa and specific to the weekend including: NO cellular phones or pagers, NO leaving the church grounds, and NO driving once arriving at the event. I will participate fully in large and small group activities; bring sleeping accessories; change of clothing, and other personal care items.

Participant Signature _____ Date _____

I support my son/daughter's application to attend Iowa Happening #32.

Activities may include, but are not limited to: Bible studies, movies, singing, prayer, and dancing, Note: If you desire to limit your child's participation in any event, please submit your wishes in writing.

Parent/Guardian Signature _____ Date _____

I support _____'s (participant's name) application to attend Iowa Happening #32. S/he is an active member of our home church. I will ask for the support and prayers of our congregation for him/her and the Happening weekend.

Clergy/Sr. Warden Signature _____ Date _____

The weekend cost for Participants is \$35.00 and is due with this application no later than February 10, 2012. Late fees will apply!

**Return application and fee to: Happening #32, Diocese of Iowa,
225 37th Street, Des Moines, IA 50312-4305**

For questions and confidential scholarships assistance, contact Lacey at 205-516-3052 or email LNHoward@hotmail.com

Happening #32 – A Christian Experience

Friday, February 24, 2012, 7pm- Sunday February 26, 2012, 3 pm
Christ Episcopal Church, 220 40th Street NE, Cedar Rapids, IA 52402
Registration Deadline February 10, 2012

Diocese of Iowa Youth Event Covenant and Photo Release

I want to attend Happening #32. I will be dedicated to building a community with my fellow peers. I will abide by the covenant and rules of conduct for the Episcopal Diocese of Iowa and specific to the weekend including: no cellular phones, no leaving the facility's grounds, and no driving once arriving at the event.

**We expect each student and adult to conform to this covenant and rules of conduct:
With God's help:**

I will have an open mind and a positive attitude at this event. I will participate in all scheduled activities. I will not leave the event grounds without the permission of an adult chaperone. I will follow posted rules at any recreation facility and use seatbelt when in a vehicle. I agree to follow all rules regarding electronic devices given at each event. I will respect the dignity of every human being and the authority of adult chaperones. I will respect church and individual property, and be held financially responsible for willful destruction of any property. I will visit another's sleeping area only when invited and NEVER the sleeping area of the opposite sex. I will not participate in sexual behavior. I will not participate in violent behavior. I will not possess or use illegal drugs, alcohol, or tobacco at any time during the event and not possess or use fireworks, firearms, knives, or other weapons.

Note: I understand that the above behaviors are non-negotiable and the consequences will include one or more of the following: 1) my parents will be notified, 2) I will be removed from the group's activities, 3) I will be sent home at my family's expense. I understand that the covenant and rules of conduct are designed to make the Youth Event the best and safest event possible for everyone and that if I violate any part of this covenant the adults in charge will have the authority to determine appropriate consequences. I have read the above covenant and rules of conduct and agree to live by these standards throughout the Youth Event. I make this covenant with my sisters and brothers in Christ and I agree to abide by the above guidelines and Consequences.

May God who has given us the freedom to choose, give us the strength and guidance to make decisions for the welfare of the whole community. Amen

Participant signature: _____ Date: _____

Diocese of Iowa (hereinafter the "Church") and I have read the above covenant and rules of conduct and understand that my child will be sent home at my expense if the agreement is violated.

Parent/guardian signature: _____ Date: _____

Media and Photo Release: The participant agrees to grant the Church permission to record on film their participation at this youth event and further agrees that any or all material recorded may be used, in any form, as part of any future production made by the Church and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form is valid until such time that it is revoked by the undersigned.

Participant signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Happening #32 – A Christian Experience
Friday, February 24, 2012, 7pm- Sunday February 26, 2012, 3 pm
Christ Episcopal Church, 220 40th Street NE, Cedar Rapids, IA 52402

Episcopal Diocese of Iowa Emergency Info and Medical Release

Adult Volunteers and Youth must complete

Participant's Name: _____ [] Male or [] Female

Birthday: _____ Address _____

City _____ Zip _____

Parent/Guardian Names _____

Parent/Guardian Phone: Work/Cell (1) _____ Work/Cell (2) _____

Emergency contact: _____ Relationship: _____

Emergency Contact's Phone: Home _____ Work/Cell _____

Medical insurance company: _____

Policy #: _____ Physician: _____

Office phone: _____

Dentist: _____ Office phone: _____

I the undersigned have legal custody of the Participant, a minor.

Parent/guardian signature: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that I/he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the participant named above. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by the Church retreat leaders.

Parent/guardian signature: _____ Date: _____

Participant's signature if over 18: _____ Date: _____

MEDICAL HISTORY

Please attach additional sheet of paper if necessary with the following information.

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which this participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

Include names of medications and dosages that must be taken:

Please list any dietary restrictions or food allergies:

Does this participant have allergies to? [] Pollens [] medications [] food [] insect bites [] other

List specific allergens If there is an exposure, what should be done?

Does participant suffer from, or has ever experienced, or is being treated currently for any of the following: [] Asthma [] epilepsy/seizure disorder [] Diabetes [] physical handicap [] frequently upset stomach [] heart [] other Explain:

Date of last tetanus shot: _____

Does participant wear? [] glasses [] contact lenses