

Happening Participant Application

Enclose check payable to Diocese of Central Florida

Mail check and forms to: P.O. Box 197, Bartow, FL 33831

Email digital forms to: becky.toalster@gmail.com (Must be hand signed)



PARTICIPANT INFORMATION (please print clearly)

Date _____

First Name (Nickname) _____ Last Name _____

Email address _____ Cell Phone _____

Street Address _____

City/State/Zip _____

Grade in school _____ Date of birth _____ Gender _____ T-shirt Size _____

Parent/Guardian Name(s) _____

Parent/Guardian Home & Cell phones _____

Parent/Guardian Email _____

Parent/Guardian Address (include city/state/zip) _____

Emergency contact: _____ Phone Number: _____

Home church _____ Priest/Pastor Name _____

Priest/Pastor Email _____

Do you have physical limitations of which we should be aware? If so, please describe _____

Do you have regular prescription medications that you take? _____ If so, please place in a clear, plastic bag along with administration instructions.

Insurance Carrier _____ Policy / Group #s _____

(Please complete page 2)

COVENANT / PHOTO RELEASE / PARENT/GUARDIAN RELEASE

Note: This form must be completed, hand signed, and returned with application

Covenant – While at Happening, I agree to abstain from the use of alcohol, tobacco, illegal substances, unauthorized prescription medications, and weapons. I will have no inappropriate physical contact with others, will refrain from any sexual conduct, and will wear appropriate clothing at all times. I will fully participate and be on time, limiting my cell phone usage to those times designated by the adult coordinators. I will not belittle or humiliate others and will maintain a Christ-like attitude at all times. I promise to abide by all event rules and requests made by my leaders and I accept the full authority of the weekend coordinators.

Participant Signature _____

Date _____

Parent Signature _____

Date _____

Photo Release – The Diocese of Central Florida assumes that it may use your child's image in its promotional materials, which include, but are not limited to, brochures, website, etc. If you **DO NOT CONSENT** to this statement, please initial here. Otherwise, please leave this field blank. **NOTE:** Only put your initials here if you **DO NOT CONSENT** to the use of your child's image in diocesan promotional materials.

I **DO NOT CONSENT** to my child's photo being included in promotional materials. _____

Parent/Guardian Releases –

While at Happening, my child is allowed to take over-the-counter medications (Ex. ibuprofen, acetaminophen, acid reducer, etc).

Parent Initials _____

AND

As parent or guardian of _____, I attest that he/she is in good health and that I know of no physical, mental or emotional reason that would prohibit my child from participating in Happening. I understand that every precaution has been taken to assure the good health and safety of each participant and team member and therefore I waive any liability on the Episcopal Diocese of Central Florida, staff representing it, or Camp Wingmann staff for personal injury or death while attending the weekend. I give my permission to have my child medically treated by a licensed physician, nurse or hospital staff during the period inscribed. I also understand that the Episcopal Diocese of Central Florida does not provide medical insurance for expenses related to this treatment and therefore this expense is the responsibility of the child being treated.

Parent Signature _____

Date _____

