

# Happening Participant Application

Happening – April 15-17, 2016

Enclose check payable to Diocese of Central Florida

Mail check and forms to: 2703 Handley Blvd., Lakeland, FL 33803



Participant Information (please print clearly)

First Name \_\_\_\_\_ 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 Address (include city/state/zip) \_\_\_\_\_

\_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home church \_\_\_\_\_ Priest/Pastor Name \_\_\_\_\_

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 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 \_\_\_\_\_

