

PLEASE FILL OUT THIS FORM THOROUGHLY AND COMPLETELY.

Registration Information

Medical Information

PARTICIPANT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

EMAIL ADDRESS _____

PARENT/GUARDIAN NAME _____ PARENT/GUARDIAN PHONE # _____

PARENT/GUARDIAN ADDRESS (IF DIFFERENT) _____

PRIEST/PASTOR _____ HOME CHURCH _____

GRADE _____ GENDER _____ T-SHIRT SIZE _____

THE EPISCOPAL DIOCESE OF GEORGIA HAS PERMISSION TO USE PHOTOS OF MY CHILD IN PROMOTIONAL MATERIALS. YES _____ NO _____

APPLICANT - 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 sexual conduct, and will wear appropriate clothing at all times. I will not use my cell phone during this event and will fully participate and be on time. I will not belittle or humiliate others and will maintain a Christ-like attitude. I promise to abide by all Happening's rules and adult requests. I accept full authority of the weekend coordinators.

PARTICIPANT'S SIGNATURE/DATE _____

PARENT/GUARDIAN'S SIGNATURE/DATE _____

PRIEST/PASTOR MUST SIGN BELOW

My signature means that I am aware the above named person from my congregation is attending Happening. I will support this person on his/her spiritual journey.

PRIEST/PASTOR SIGNATURE/DATE _____

DOES THE PARTICIPANT HAVE ANY PHYSICAL LIMITATIONS WE SHOULD BE AWARE OF? IF SO, PLEASE USE THE SPACE BELOW TO LIST AND EXPLAIN.

DOES THE PARTICIPANT HAVE ANY ALLERGIES, INCLUDING, BUT NOT LIMITED TO, FOOD, MEDICINE, OR INSECTS? IF SO, PLEASE USE THE SPACE BELOW TO LIST REACTION AND TREATMENT FOR EACH.

DOES THE PARTICIPANT REQUIRE ANY REGULAR OR OCCASIONAL MEDICINES WHICH ARE TYPICALLY ADMINISTERED BY THE PARTICIPANT OR PARENT/GUARDIAN? YES _____ NO _____

IF YES, THE REQUIRED MEDICINES MUST BE PLACED IN A BAG ALONG WITH ADMINISTRATION INSTRUCTIONS, WITH THE PARTICIPANT'S NAME ON THE OUTSIDE.

MY CHILD IS ALLOWED TO TAKE ACETAMINOPHEN (TYLENOL) OR IBUPROFEN (ADVIL) FOR MINOR ACHES AND PAINS AS ADMINISTERED BY AN ADULT AT HAPPENING. YES _____ NO _____

MEDICAL RELEASE

I give the above named child for whom I am legally responsible permission to attend Happening held at Honeycreek and sponsored by the Episcopal Diocese of Georgia. I agree to hold harmless all representatives of the Episcopal Diocese of Georgia in regard to accident or injury involving the above child at Happening. I grant permission for said child to be treated by trained medical personnel and agree to be responsible for all expenses incurred in the course of such treatment.

PARENT/GUARDIAN SIGNATURE/DATE _____

INSURANCE CARRIER _____

POLICY NUMBER _____