PLEASE FILL OUT THIS FORM THOROUGHLY AND COMPLETELY

Registration Information

_____ _____
PARTICIPANT'S NAME DATE OF BIRTH

_____
ADDRESS

_____ _____
EMAIL ADDRESS CELL #

_____ _____
PARENT/GUARDIAN NAME PARENT/GUARDIAN PHONE #

_____
PARENT/GUARDIAN ADDRESS (IF DIFFERENT)

_____ _____ _____
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

Medical Information

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 the Happening LockIn held at Honey Creek 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