

**You will not be allowed to participate without the appropriate paperwork.**

*All forms \*(except the Medical Update Form) will go to your church Youth Leader UNLESS your church does not have one, then you may send it directly to the diocese. All forms are confidential and will be kept in a locked file.*

## **Diocesan Registration Deadline – SIX WEEKS PRIOR TO THE EVENT.**

### **1. Participant Forms**

Event participants in the diocese are required to complete the following set of forms, which has been designed to cover both church and diocesan related events. Once completed, these forms, will have a **validity of 5 (five) years.**

Information and Permission Slip

Community Covenant

Health History

Release Agreement

Insurance Certification

Youth Pick-up Release

The forms must be returned to your church Youth Leader. We recommend that Youth Leaders keep a copy, the **originals must be sent to the diocese.** Please notify your church and the diocese regarding ANY CHANGES during the year.

### **2. Individual Event Forms**

The following forms are required when registering for individual events:

Individual Registration Form

Parish Event Form

Medical Update Form

**Please note the specific instructions for each event form.**

#### **Individual Registration Form**

The individual registration form **MUST** be sent in for every event and must be filled out completely, signed by a parent / guardian and returned with payment in full to your church **SEVEN WEEKS PRIOR TO EVENT.** This will give your Youth Leader one week to gather all paper work and send it to the diocese.

#### **Parish Event Form**

This form is to be filled out only by the **youth leader or rector / vicar, and** sent to the diocese with the original individual registration forms for each participant, along with **PAYMENT IN FULL.**

#### **Medical Update Form:**

Must be completed **no sooner than 10 days prior to the event.** It must be signed by a parent or guardian (if applicable) and brought with the participant to the event registration.

### **3. Scholarship Request Form**

**You Must** apply for scholarship funds before each event. The scholarship form must be filled out completely and returned to the diocese by the registration deadline. **FUNDS ARE LIMITED.** Please take note of the policies and procedures required for requesting monies from the diocese. The diocese strives to assist you with your participation in diocesan programs. We must be good stewards of our financial resources. We ask that you only request what you feel is necessary. Assistance is normally 1/3 of the event cost. All recipients **are required** to seek scholarship aid from their local church. If you receive matching funds from your parish, it is likely that you will receive funds from the diocese. Please complete the request form, and submit this to the diocese along with your portion and your church's portion of the payment.

Diocese of Southwest Florida

Information & Permission Slip

Youth / Adult / Young Adult Form

(circle one)

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Church & City: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_ County: \_\_\_\_\_

Attach a copy of following certificates: (1, 2, & 3 applies only to Adult & Young Adult Program Staff)

1. Safe Church training completion date: \_\_\_\_\_ Location: \_\_\_\_\_

2. Diversity Training completion date: \_\_\_\_\_ Location: \_\_\_\_\_

3. Diocesan Background (Merchants Assoc.) Check date: \_\_\_\_\_ Location: \_\_\_\_\_

Interests: \_\_\_\_\_

Talents: (music, computer, artistic, etc.) \_\_\_\_\_

School Activities/ extra Curricular Activities: (sports, music, scouts etc.) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Home) (Work or Cell) (Home) (Work or Cell)

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Health Concerns / Allergies / Medications: (give details on medical form) \_\_\_\_\_

Physician's Name & Phone: \_\_\_\_\_

Dentist's Name & Phone: \_\_\_\_\_

To whom it may Concern:

The undersigned does hereby give permission for our / my child, \_\_\_\_\_ to attend and participate in activities sponsored by church indicated above and the Diocese, for the next 5 years. We (I) authorize the adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision, and on the advise of any physician or dentist under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all cost to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designed by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the diocese and the church.

Hospital Ins.: \_\_\_\_\_ Yes/ No Insurance. Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is youth Active in church activities Yes No (circle one) If Yes, on back please note which ones.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ M/F

Parent or Guardian: \_\_\_\_\_ Phone-H (\_\_\_\_) \_\_\_\_\_ Phone-W (\_\_\_\_) \_\_\_\_\_  
*(Please mark N/A if applicant is OVER age 18!)*

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Church, City \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy : \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Allergies \_\_\_\_\_

Give participant's allergic responses to the above (e.g. requires Epinephrine) \_\_\_\_\_

Operations or Serious Injuries / Dates: \_\_\_\_\_

Childhood Diseases / Dates: \_\_\_\_\_

Chronic or Recurring Illnesses: \_\_\_\_\_

Behavioral Disorders and prescribed medication: \_\_\_\_\_

If not available in an emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

*(All prescribed medication and over-the-counter medications must be in the original container with the correct name, date, instructions and physician's name on the label. Medications will be dispensed by a licensed health professional.) \* Medications must be listed on the Medical Event Update Form.*

Medications accompanying participant: \_\_\_\_\_

The Diocese does not give Aspirin to any participant because of adverse reactions. Are there any over the counter oral, topical or instilled medications that the participant cannot or should not receive should any minor symptoms develop? \_\_\_\_\_

Date of last exam by Physician: \_\_\_\_\_ Name: \_\_\_\_\_

Address & Telephone: \_\_\_\_\_

DTP Series: \_\_\_\_\_ Booster: \_\_\_\_\_ Booster: \_\_\_\_\_

**PLEASE NOTIFY THE DIOCESE AND / OR YOUR CHURCH IF THE PARTICIPANT HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE DURING THE THREE WEEKS PRIOR TO THE EVENT. This health history and immunization report is true and accurate to the best of my knowledge. In the event of an illness or emergency, I hereby give permission for the staff of any diocesan camp/program/event to authorize medical treatment of myself / my child by licensed health care professional and/or to provide transportation to a medical facility.**

Name of parent or guardian of youth if under 18: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you and your family have medical insurance? \_\_\_\_\_ Y/N

If Yes please complete the following:

Policy Holder's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of Policy: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Print your name: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Notary Certification:

The signature of the Applicant [or Parent/Guardian] on this form was sworn to me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

Produced ID  Personally Known

Notary Seal:



**Please attach a photocopy of your insurance card.**

*To create a Christian community during our events, the following guidelines are to be accepted for our diocesan ministry. The success and enjoyment of our experience in Christian fellowship largely depends upon mutual respect and responsibility.*

**PARTICIPANTS WHO BREAK ANY OF THE FOLLOWING GUIDELINES WILL BE ASKED TO LEAVE. PARENTS, RECTORS, AND YOUTH LEADERS WILL BE NOTIFIED.**

1. I will not bring or possess any form of weapon: including knives, firearms, or fireworks. I will not strike or hit anyone or anything at any time.
2. I will not devalue anyone; such as calling people names or indicating to another that he/she is worthless.
3. I will not bring, use, or be under the influence of any drug including alcohol, tobacco, or over the counter stimulants.
4. I will not use cell phones, pagers, radios, recorders, tape and CD, DVD, mp3 players, TV's, electronics and video games while at diocesan events.
5. Any youth who drives their own vehicle must turn in their keys at registration and vehicles will be parked in a designated area. No youth is to drive during the course of the event or activity until returning home at the conclusion of the event.
6. No one is to be deprived of the basic needs of food, shelter, sleep or clothing during any diocesan event. The National Episcopal Church requirement of 8 hours of sleep is the minimum for every event for all participants, sponsors, and event staff.
7. All prescription or over the counter medication must be in its original container and must be turned in to the event nurse at registration.
8. Consideration and respect for others is expected at all times. Lights out, quiet times and prayer times are a few examples of when to demonstrate your thoughtfulness and silence. Offensive or sexual language is not considerate or respectful to the community.
9. Sexual relations between youth and youth/adults or inappropriate displays of affection, flirting etc. will not be tolerated.
10. I will not enter any sleeping area other than my own.
11. All participants, youth and adults will take responsibility for dressing appropriately;
  - Under garments may not be exposed
  - Pajamas may be worn only in sleeping area
  - Straps on tank shirts must be at least two inches wide
  - Midriffs may not be exposed
  - Finger-tip rule applies to shorts
  - Modest bathing suits are required. In the event a participant wears an immodest suit, they will be required to wear a dark colored t-shirt
  - Participants will be asked to change their clothes if their attire is inappropriate
  - Open toed shoes are not allowed on the waterfront / ropes or challenge course – only closed toed shoes are acceptable.
12. All food and drinks are provided, therefore no food or drinks are to be brought to any diocesan event. At no time is food or drinks (except water) permitted in any sleeping area.

**Youth Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rector/Vicar Name & Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Youth / Adult / Young Adult

(circle one)

Dear Participants and Event Staff,

We want to welcome you to Youth and Young Adult programming. We at the diocese want to inform you of the safety precautions adhered to at all diocesan programs. You will be required by our staff to wear safety equipment for water sports, ropes challenge courses, and other activities requiring protective gear and appropriate attire.

Even with safety equipment and competent staff present, we want you to realize that any camping, recreational, or service activity has inherent dangers that no amount of care, caution, instruction or expertise can totally eliminate.

**This form must be filled out, signed and dated by the participant and returned by registration. You will not be permitted to attend any event, camp, retreat, or youth program unless this form has been received.**

I understand that pictures and videos are taken. I hereby give permission for the use of such pictures and videos of myself for the promotion of diocese programs.

I hereby affirm that I have been advised of and understand the risks of camping, recreational, spiritual, and service programs held at designated locations and that such activities involve certain risks.

I understand that the terms herein are contractual and not a mere recital.

I have signed this document as my own free act and in consideration of the agreement by the diocese to accept the program, retreat, or event placement chosen.

I hereby agree by execution of this document to release the diocese, any establishment, the staff, the board of directors, and all others acting for, or, on behalf of the diocese from all liability whatsoever, for personal injury, or injuries to property, real or personal, caused by, or arising out of camping and or any other activity sponsored by the diocese. This indemnification specifically includes any costs or attorney's fees which the diocese may incur in order to defend against any claims or demands, as well as any costs or attorney's fees incurred in enforcing this Agreement.

By signing this document I acknowledge that if anyone is hurt or if property is damaged during the participation of myself or my family in this activity, I will be found by a court of law to have waived my right to maintain a lawsuit against diocese on the basis of any claim from which I have released them by this Agreement.

This Agreement shall apply, to the Notary signature on the Insurance Certificate Form.

Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)

Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Self or Parent / Guardian if under 18)

**PARTICIPANT PICK-UP AUTHORIZATION FORM**

The following person(s) are authorized to pick-up my child from the Diocese of Southwest Florida youth programs:

Please Print:

**CHILD'S NAME:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENT/GUARDIAN NAME AND PHONE NUMBER:**

\_\_\_\_\_  
(Printed Name) (Phone Number)

\_\_\_\_\_  
(Signature) (Date)

**AUTHORIZED NAMES AND PHONE NUMBERS:** (Picture ID will be required)

\_\_\_\_\_  
(Printed Name) (Phone Number)

\_\_\_\_\_  
(Printed Name) (Phone Number)

\_\_\_\_\_  
(Printed Name) (Phone Number)

**STAFF SIGNATURE/DATE:**

\_\_\_\_\_  
(Staff Member) (Date)

**Pick up Log:**

<b>Individual</b>	<b>Event staff</b>	<b>Date</b>
_____ (Print Name & Signature)	_____	_____
_____ (Print Name & Signature)	_____	_____
_____ (Print Name & Signature)	_____	_____
_____ (Print Name & Signature)	_____	_____