

Diocese of Southwest Florida

2008-2009 Individual Registration - Youth / Sponsor (circle one)

All Registration materials must be received by the diocese 6 weeks prior to the event.

There is a non-refundable event fee of one third (1/3) the event cost. There will be no refund after the diocesan event deadline.

PLEASE CHECK THE APPROPRIATE EVENT BOX – PRINT CLEARLY USING BLUE OR BLACK INK

Participant
 Team
 Sponsor
 Counselor
 Adult
 CIT

<p>2008 – Summer</p> <p><input type="checkbox"/> <u>Camp Staff Training</u> June 9 - 11, 2008</p> <p><input type="checkbox"/> <u>CIT Training</u> (Grades 11 - 12) June 11 - 12, 2008 Registration Fee: \$360.00 (Includes 2 day CIT Training and 1 week of camp as CIT)</p> <p><input type="checkbox"/> <u>Elementary Camp</u> (Rising 3rd - 6th Graders) June 15 - 20, 2008 Registration Fee: \$360.00</p> <p><input type="checkbox"/> <u>Youth Camp</u> (Rising 7th - 12th Graders) June 22 - 27, 2008 Registration Fee: \$360.00</p>	<p>2008 – Summer</p> <p><input type="checkbox"/> <u>Mission Serve – Week 1</u> (Ages: 11 -18) June 29 - July 3, 2008 Registration Fee: \$225.00</p> <p><input type="checkbox"/> <u>New Horizons Camp</u> (Ages 7 - 12) July 20 - 25, 2008 Registration Fee: \$360.00</p> <p><input type="checkbox"/> <u>Camp Able</u> For youth with challenges (Ages 12 - 21) July 27 - 31, 2008 Registration Fee: \$350.00</p> <p><input type="checkbox"/> <u>Mission Serve – Week 2</u> (Ages 11 - 18) July 27 - August 1, 2008 Registration Fee: \$225.00</p>	<p>2008 – Summer/Fall</p> <p><input type="checkbox"/> <u>Mission Serve – Week 3</u> (Ages 11 - 18) August 3 - August 8, 2008 Registration Fee: \$225.00</p> <p><input type="checkbox"/> <u>Happening #60</u> (Grades 10 - 12) Sept. 26 - 28, 2008 Registration Fee: \$120.00</p> <p><input type="checkbox"/> <u>New Beginnings # 44</u> (Grades 6 - 8) Oct. 24-26, 2008 Registration Fee: \$120.00</p> <p><input type="checkbox"/> <u>Youthquake @ Christian Retreat Center, Bradenton</u> (Grades 6 - 12) Nov. 14 - 16, 2008 Registration Fee: \$150.00</p>	<p>2009 Winter/Spring</p> <p><input type="checkbox"/> <u>Faith in 3D @ Disney World</u> (Grades 6 - 12) January 16 - 19, 2009 Registration Fee: \$320.00 (Includes 3 day park hopper pass). Registration ends on November 1st, 2008 or sooner depending on space availability.</p> <p><input type="checkbox"/> <u>Happening #61</u> (Grades 9 - 12) March 27 - 29, 2009 Registration Fee: \$125.00</p> <p><input type="checkbox"/> <u>New Beginnings #45</u> (Grades 6 - 8) Feb. 27 - March 1, 2009 Registration Fee: \$125.00</p>
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First Name: _____ Last Name: _____ Age: _____ M: F:

Address: _____ City: _____ Zip: _____

E-mail: _____ T-Shirt Size: (Circle One)

Y	Y	S	M	L	X	2XL	3XL
M	L				L		

Phone: _____ Cell: _____

School: _____ Grade: _____ Church, City: _____

Sponsor: _____ Parent / Guardian: _____
(Complete this line only if event requires a Sponsor and Participant is under 18) (Name & Signature)

I heard about your youth events from : A friend Church Web Site Mailing / Flyer Other : _____

If you do not have a youth leader at your church, mail this completed registration along with your check, made out to: DIOCESE OF SOUTHWEST FLORIDA - Address: Diocese of Southwest Florida, 7313 Merchant Court, Sarasota, FL 34240. Payment may also be made via debit / credit card. If you would like to opt for this payment method, please complete the following:

Visa / MasterCard: # _____ Exp. Date: _____ Amt. \$ _____

Debit card : _____ (last 3 or 4 digits on back of card)

For more information contact your youth leader, deanery convener, visit www.episcopalswfl.org

For office use only

Date: _____ Check #: _____

Amount: \$ _____ Paid By: _____

Event: _____ Date: _____

- This form must be filled out **no more than 10 days prior** to event and returned at registration.
- List any personal, medical or insurance changes on the reverse side.

Participant's Name: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Parish, City: _____ Rector: _____

Contact Phone #: _____ E-mail: _____

- Check if: NO KNOWN CHANGES SINCE current health history form.
 CURRENT medications listed on previous Health History form.

LIST ALL ALLERGIES AND REACTIONS: _____

Check if: NO KNOWN ALLERGIES

Indicate any of the following changes that you have observed in your child recently:

- Temperature Cough Rash Injury Open Wound Unusual Behavior
 Traveled outside of the US within the last 3 weeks.

IF ANY OF THE ABOVE ARE CHECKED PLEASE GIVE THE DATE: _____

*(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. These must be handed in to the licensed health professional who will be on duty for the duration of the event and who will be responsible for the dispensing of all medications.)*

List each medication your child will bring to the event and provide directions for administering.

Name of Medication	Dosage of Medication	Exact Time Medication is GIVEN

Check the "over-the-counter" medications you **do not** give permission for your youth to receive:

- Acetaminophen [fever, H/A, pain] Benadryl [allergy] Bonine [motion sickness]
 Dramamine [motion sickness] Ibuprofen [H/A, aches] Immodium [diarrhea]
 Pepto Bismol [stomach]

Signature [Parents / Guardian if applicant under age 18]: _____ Date: _____

Phone Numbers - Home: _____ Work: _____ Cell: _____

Name of Emergency Contact: _____

Phone Numbers - Home: _____ Work: _____ Cell: _____