

# 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><b>2008 – Summer</b></p> <p><input type="checkbox"/> <b>Camp Staff Training</b> June 9 - 11, 2008</p> <p><input type="checkbox"/> <b>CIT Training</b> (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"/> <b>Elementary Camp</b> (Rising 3<sup>rd</sup> - 6<sup>th</sup> Graders) June 15 - 20, 2008 Registration Fee: \$360.00</p> <p><input type="checkbox"/> <b>Youth Camp</b> (Rising 7<sup>th</sup> - 12<sup>th</sup> Graders) June 22 - 27, 2008 Registration Fee: \$360.00</p>	<p><b>2008 – Summer</b></p> <p><input type="checkbox"/> <b>Mission Serve – Week 1</b> (Ages: 11 -18) June 29 - July 3, 2008 Registration Fee: \$225.00</p> <p><input type="checkbox"/> <b>New Horizons Camp</b> (Ages 7 - 12) July 20 - 25, 2008 Registration Fee: \$360.00</p> <p><input type="checkbox"/> <b>Camp Able</b> For youth with challenges (Ages 12 - 21) July 27 - 31, 2008 Registration Fee: \$350.00</p> <p><input type="checkbox"/> <b>Mission Serve – Week 2</b> (Ages 11 - 18) July 27 - August 1, 2008 Registration Fee: \$225.00</p>	<p><b>2008 – Summer/Fall</b></p> <p><input type="checkbox"/> <b>Mission Serve – Week 3</b> (Ages 11 - 18) August 3 - August 8, 2008 Registration Fee: \$225.00</p> <p><input type="checkbox"/> <b>Happening #60</b> (Grades 10 - 12) Sept. 26 - 28, 2008 Registration Fee: \$120.00</p> <p><input type="checkbox"/> <b>New Beginnings # 44</b> (Grades 6 - 8) Oct. 24-26, 2008 Registration Fee: \$120.00</p> <p><input type="checkbox"/> <b>Youthquake @ Christian Retreat Center, Bradenton</b> (Grades 6 - 12) Nov. 14 - 16, 2008 Registration Fee: \$150.00</p>	<p><b>2009 Winter/Spring</b></p> <p><input type="checkbox"/> <b>Faith in 3D @ Disney World</b> (Grades 6 - 12) January 16 - 19, 2009 Registration Fee: \$320.00 (Includes 3 day park hopper pass). Registration ends on November 1<sup>st</sup>, 2008 or sooner depending on space availability.</p> <p><input type="checkbox"/> <b>Happening #61</b> (Grades 9 - 12) March 27 - 29, 2009 Registration Fee: \$125.00</p> <p><input type="checkbox"/> <b>New Beginnings #45</b> (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, or Michelle Mercurio, at the Diocesan Youth Ministry Office (941) 556-0315. visit the diocesan web Site [www.episcopalswfl.org](http://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: \_\_\_\_\_

**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Parish, City:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Rector/ Vicar:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Youth	Check #	Amount	Date Rec.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____
10) _____	_____	_____	_____

**Total attached \$** \_\_\_\_\_

**Sponsors:** must have 1: 5 ratio = female sponsors for female & male sponsors for males (overnight groups attending with less than 5 youth must have 2 sponsors ).

1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

**Individual registration forms with parent/guardian signature must be attached.**

**Please note that these monies are to be awarded in situations of financial hardship only, with the understanding that without these monies the participant would not be able to attend the event.**

**You Must** apply for scholarship funds before each event. This 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 no more than 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 this request form, and submit to the diocese along with your portion and your churches portion of payment to:

***DIOCESE OF SOUTHWEST FLORIDA***  
***Attn: Tana Sembante***  
***Diocese of Southwest Florida***  
***7313 Merchant Ct., Sarasota, FL 34240***

For more information contact your Youth Leader, visit our web site at [www.dioceseswfla.org](http://www.dioceseswfla.org) or e-mail The Rev. M. Katherine (Kit) Tate, Director of Youth Ministry at [ktate@dioceseswfla.org](mailto:ktate@dioceseswfla.org) / 800-992-7699

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Event:** \_\_\_\_\_

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

**E-mail:** \_\_\_\_\_ **Church & City:** \_\_\_\_\_

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

**Reason for assistance:** \_\_\_\_\_  
 \_\_\_\_\_

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

**Reason for assistance:** \_\_\_\_\_  
 \_\_\_\_\_

**Youth Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Name & Signature)

**Reason for assistance:** \_\_\_\_\_  
 \_\_\_\_\_

**Parent / Guardian Portion (1/3):** \$ \_\_\_\_\_  
**Congregation Portion (1/3):** \$ \_\_\_\_\_  
**Diocese Portion (1/3):** \$ \_\_\_\_\_  
**Event total** \$ \_\_\_\_\_