

Diocese of Southwest Florida

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

<input type="checkbox"/> Participant	<input type="checkbox"/> Team	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Counselor
<p><input type="checkbox"/> 2007 – Fall/Winter</p> <p><input type="checkbox"/> Happening #58 (10th - 12th Graders) Sept. 28 - 30, 2007 Registration Fee: \$115.00</p> <p><input type="checkbox"/> New Beginnings #42 (6th - 8th Graders) Nov. 2 - 4, 2007 Registration Fee: \$115.00</p>	<p><input type="checkbox"/> 2008 – Spring/Summer</p> <p><input type="checkbox"/> Happening # 59 (9th - 12th Graders) March 7 - 9, 2008 Registration Fee: \$115.00</p> <p><input type="checkbox"/> New Beginnings # 43 (6th & 8th Graders) April. 11 - 13, 2008 Registration Fee: \$115.00</p> <p><input type="checkbox"/> 2008 – Summer</p> <p><input type="checkbox"/> Camp Staff Training June 11 - 13, 2008</p> <p><input type="checkbox"/> CIT Training (11th - 12th Graders) June 13 - 14, 2008 Registration Fee: \$360</p>	<p><input type="checkbox"/> 2008 – Summer</p> <p><input type="checkbox"/> Elementary Camp (Rising 3rd - 6th Graders) June 15 - 20, 2008 Registration Fee: \$360</p> <p><input type="checkbox"/> Youth Camp (Rising 7th - 12th Graders) June 22 - 27, 2008 Registration Fee: \$360</p> <p><input type="checkbox"/> Kamp for Kids (Rising 7th - 12th Graders) July 6 - 11, 2008 Registration Fee: \$360</p> <p><input type="checkbox"/> Camp Able For persons with disabilities July 22 - 27, 2008 Registration Fee: \$350</p>	<p><input type="checkbox"/> 2008 – Fall/Winter</p> <p><input type="checkbox"/> Happening # 60 (10th - 12th Graders) Sept. 26 - 28, 2008 Registration Fee: \$115</p> <p><input type="checkbox"/> New Beginnings # 44 (6th - 8th Graders) Oct. 24-26, 2008 Registration Fee: \$115</p>

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 or e-mail Tana Sembiante at tsembiante@episcopalswfl.org or (800) 992-7699, ext. 274.

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 Sembiante
Diocese of Southwest Florida
7313 Merchant Ct., Sarasota, FL 34240

For more information contact your Youth Leader, visit our web site at www.episcopalswfl.org or e-mail The Rev. M. Katherine (Kit) Tate, Director of Youth Ministry at ktate@episcopalswfl.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	\$ _____