

Due by: June 15, 2008

THE EPISCOPAL DIOCESE OF NORTH CAROLINA

# Happening #51 Team Application

Payment of \$140 is due after acceptance to team (covers Team Retreat & Happening Weekend)

Scholarship Forms are available on the diocese webpage.

(Scholarships [1/3 the total cost] are granted after receiving 1/3 from your parish and 1/3 from you.)

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FULL ATTENDANCE IS REQUIRED at:

- The Happening team retreat, October 24-26 at Phoebe Needles ([www.phoebeneedles.org](http://www.phoebeneedles.org))
- The Happening Weekend, November 13-16, 2008

Name: \_\_\_\_\_ Name Goes By: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ T-shirt: S, M, L, XL, XXL

Parent or other adult to be notified in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parish: \_\_\_\_\_ City: \_\_\_\_\_

1. List, in order of preference, the role you feel you can serve best; circle any you have served before:

- Table Leader                       Super Friend                       Music Team (do you  
 Gopher Team                       Prayer Chapel Coor.                       singing; what instrument do you play?)  
 Caritas

2 If interested, please check any talks you would like to be considered to present.

Please listen \_\_\_\_\_ Reality \_\_\_\_\_ Faith \_\_\_\_\_ Jesus Christ \_\_\_\_\_

Prayer \_\_\_\_\_ Grace/Caritas \_\_\_\_\_ Apostolate \_\_\_\_\_ Warm Fuzzy \_\_\_\_\_

On a separate sheet of paper please briefly describe your spirituality and explain why you want to serve on this Happening team. What are the gifts you can bring to the team? Please attach a photo of yourself. Tell me about your involvement within the life of your parish. (Worship, EYC, Acolyte, Christian Education, Service Projects, etc.) Do you attend church weekly and participate in activities / events that help you grow spiritually?

I am aware of, recommend, & support the participation of the above youth on the Happening Team for the Diocese of NC.

Priest's Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

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

Youth Leader: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use: Fee for Team: \$140 Payment Received: \_\_\_\_\_ Date: \_\_\_\_\_

A \$25, non-refundable deposit is due before acceptance to the team. Full payment is due by Oct. 31, 2008. After this date, cancellation, individuals will only be reimbursed \$65.

# Community Covenant

## EXPECTATIONS:

1. Treat others, as you would like to be treated, with respect for the event by displaying concern for other teenagers, adults, and the property. Your behavior reflects on you and on the group. We are accountable to each other. Behavior disruptive or harmful to the community or property will not be tolerated.
2. Respect the property of the Summit and all participants.
3. You **must arrive at The Summit no later than 7:30 p.m. Thursday, November 12, 2008 and you will not depart until approximately 4:00 p.m. Sunday.**
4. Participants will be present and on time at all planned activities (meals included). Happening begins at dinner on Friday night. Everyone must be present. All participants are expected to remain at the event through the closing activities.
5. Each person is expected to abide by the curfews, quiet times and physical boundaries (inside & outside the buildings, on the grounds, and including any use of equipment).
6. Because of insurance liability, youth are not permitted to leave the event without authorized adult supervision. Any advisor or group wishing to leave should do so only with the consent of the Happening Coordinator. \*\*
7. Anyone not registered in the conference is not allowed on conference grounds. Visitors are not permitted.
8. **Use of Cell phones is ONLY allowed for keeping track of time; no texting or calling is permitted during the weekend.** Parents need to complete the medical release form including the contact number. In the event of a change, it is imperative that updated numbers and other relevant information be given at the event registration table.

This is a Community Covenant, and a violation of this covenant is a violation of the community. All violations will be dealt with appropriately by members of the community. Possible consequences may include notification of the violator's parents/rector, and the violator may be asked to leave the event and not return to The Summit for the next scheduled Youth Event. If the circumstance should arise that a member of the community is sent home from a second event, he/she will be asked not to return to Youth Events at The Summit for a full calendar year.

Serving on a Happening Staff is lots of fun, but it also requires a great deal of work and commitment. The hours are long but the joy of sharing this special experience with other people is awesome! Serving on the Team for Happening is a privilege and an honor. I understand that I will be asked to be a Christian leader...**serving as an example to other people and taking the responsibility for my own spiritual growth by worshipping regularly, reading & studying scripture, praying, & being part of a Christian community.**

To be signed by all team members, both youth and adult

I have read, understand, and agree to abide by the Community Covenant and complete the Team member responsibilities:

Applicant Signature: X \_\_\_\_\_

Parent's Signature: X \_\_\_\_\_

Parent's Cell: \_\_\_\_\_ Parent's email: \_\_\_\_\_

{I am interested in serving on the Happening Board \_\_\_\_\_ Yes \_\_\_\_\_ No}

THE EPISCOPAL DIOCESE OF NORTH CAROLINA  
YOUTH MEDICAL INFORMATION

Participant's name: \_\_\_\_\_

Current status of participant's health: \_\_\_\_\_

Is the participant allergic to any medication/food/insect/etc.? YES NO

If yes, please list.

\_\_\_\_\_  
List any medications the participant is currently taking, or state none.

Please check any of the following over-the-counter medications the participant should not be given.

<input type="checkbox"/> Antihistamines	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Kaopectate
<input type="checkbox"/> Tylenol	<input type="checkbox"/> Hydrocortisone cream	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Antihistamines	_____
<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Decongestants	
<input type="checkbox"/> Antiseptic cream or ointment	<input type="checkbox"/> Maalox antacid	
	<input type="checkbox"/> Imodium Anti-Diarrhea	

List any medical conditions of which we should be aware. \_\_\_\_\_

Name of participant's doctor: \_\_\_\_\_

What is the date of participant's last tetanus toxoid immunization? \_\_\_\_\_

List any activities from which the participant should be restricted. \_\_\_\_\_

List any foods the participant is allergic to. \_\_\_\_\_

Is the participant under treatment for any chronic or current emotional problems? YES NO

If yes, please explain. \_\_\_\_\_

### Insurance Information

Name and contact information for company with which you have coverage:

Group/Individual Policy Number \_\_\_\_\_ Identification Number \_\_\_\_\_

### Parent's Authorization

I understand that the Episcopal Diocese of North Carolina does not provide medical/accident insurance coverage for my child, and I accept the responsibility to provide any needed coverage. Further, in the event an injury should occur and require medical assistance, I give permission to any physician to render appropriate medical care, hospitalize, and order anesthesia and/or surgery as deemed necessary. I also give permission for the adult staff to administer any over-the-counter medication my child may need during this event.

Parent/guardian's signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Phone number where you can be reached during this event: \_\_\_\_\_