



The Episcopal Diocese of Florida

Diocesan Youth Ministry



EVENT	DATES	DEADLINE	COST	Grades
<input type="checkbox"/> Middle School Overnight	Nov. 7-8	October 27	\$55.00	6-8

☞ Each arrow represents a place where a signature is required. Please make sure all signatures are filled in before sending in your application.

Name: _____ (Go By) _____ Birthdate: _____ Gender: _____

Mailing Address: _____
Street/Apt. # City Zip

Phone: (____) _____ E-mail Address: _____

Name of school you attend: _____ Grade in School: _____

T-Shirt Size: Youth: [S] [M] [L] Adult: [S] [M] [L] [XL] [XXL]

Parent's Names and Address: _____

In case of emergency, contact: _____ Emergency #: _____

We ask that all participants be some way connected with a parish or church on the local level.

Please obtain your Youth Leader's (if you have one) and Priest's signature of support:

☞ Youth Leader's Signature: _____ Church#: _____

☞ Priest's Signature: _____ Church#: _____

Name of Church or Parish: _____ City: _____

If Church/Parish is paying for any portion of fee, indicate amount _____

All Youth Events in the Diocese of Florida have a community standard of behavior. By signing below, you agree to live by the following guidelines for the duration of the youth event:

1. All participants are expected to fully participate in and to be present for the entire event.
2. Camp Weed is a smoke-free environment. There will be no smoking during the event.
3. No alcohol, illegal drugs, weapons, fireworks, or explosives are allowed.
4. There will be no sexual misconduct.

☞ I agree to live by these standards for this youth event, Signed: _____

ADULTS ONLY

If you are over 18, have you completed the Child Sexual Abuse Prevention class? Yes _____ No _____

Before you can attend the event, You Must complete this class.

Are you attending as a chaperone with your church? Yes _____ No _____

Are you willing to volunteer to help with registration, activities or clean up? Yes _____ No _____

MEDICAL INFORMATION & RELEASE:

Please list any conditions you have that may be of concern (mobility impairments, past serious illnesses, etc.)

Please list any medications you are presently taking **(Be sure to bring with you)**: _____

Do you need assistance with medication? _____

Any dietary concerns (are you a vegetarian?) _____

Any Allergies to food, medicine or environment: _____

Do adult leaders have permission to dispense tylenol, aspirin, pepto-bismol, or other over the counter medicines? _____

Are there any medicines you do not wish your child to take? _____

Family Doctor's Name and phone: _____

Any additional information about participants' behavior, physical, emotional, or mental health, or any restrictions on activity: _____

Forms do NOT need to be notarized

I give my child permission to attend this event sponsored by the Episcopal Diocese of Florida. I hereby release and authorize the adult leaders of this event to take necessary action to procure medical assistance for my child should it become needed. I give permission to the medical personnel selected by the adult leaders to order X-rays, tests, treatment and to provide for necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leaders to secure and administer treatment, including hospitalization for the person named above.

➡ Signature of parent, guardian, or adult participant: _____

Date: _____ Emergency Phone #s: _____

Participant's insurance Company, policy and number:(please include Group # and ID # if applicable): _____

All checks made payable to: Diocese of Florida. (Please note event name on check)

Registrations will be taken on a first come basis. Your application and check ensure registration for this event unless you are an adult chaperone who has not completed the Child Abuse Prevention course required prior to attending. All funds collected are non-refundable. There is a \$25.00 fee for all returned checks.

All Applications should be sent to:

Diocesan Youth Ministry
325 Market Street
Jacksonville, FL 32202

Phone: 904-356-1328 – Ext 16
Fax: 904-355-1934
E-mail: pvanbrunt@diocesefl.org

PLEASE! PHOTOCOPY THIS FORM FOR MULTIPLE USE!!

Applications (Front & Back) must be completed in FULL & received by the due date.