



The Episcopal Diocese of Florida

Diocesan Youth Ministry

EVENT	DATES	DEADLINE	COST	AGES
<input type="checkbox"/> New Beginnings #1*	April 17-19	March 6	\$100.00	Grades 6-9

Registration Application

Youth of Diocese of Florida churches in the sixth, seventh, eight or ninth grade may attend New Beginnings as many times as you'd as possible as a participant.

➔ Each arrow represents a place where a signature is required **before** mailing the application.

Name: _____ (Go By) _____

T-Shirt Size: [S] [M] [L] [XL] [XXL] Birthdate: _____ Gender: _____

Mailing Address: _____
Street/Apt. # City Zip

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

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

Name of Church where you worship: _____ City: _____

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

Parent's Names: _____

Parent's Mailing Address: _____
Street/Apt. # City Zip

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

➔ Youth Leaders's Signature: _____ Church: _____

➔ Clergy Signature: _____ Church: _____

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:

- All participants are expected to fully participate in and to be present for the entire event.
You must arrive by 7pm on Friday of the weekend.
- Activities after leaving Camp Weed on Sunday are not the responsibility of the Diocese of Florida.
- Camp Weed is a smoke-free environment. There will be no smoking during the event.
- No alcohol, illegal drugs, weapons, fireworks, or explosives are allowed. Nor will there be any sexual misconduct.

➔ I agree to live by these standards for this youth event, (Participant Signature): _____

New Beginnings

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 hereby release and authorize the adult leaders of this event to take necessary actions to procure medical assistance for (my child)(me) 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 (my child)(me). In the event of 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 contact: _____ Phone #: _____

Emergency contact: _____ Phone #: _____

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. The cancellation fee is \$25.00. There is also a \$25.00 fee for all returned checks.

Everyone over 18 on the weekend must take the Child Sexual Abuse Prevention class.

Have you completed the Child Sexual Abuse Prevention class? Yes _____ No _____

***** This class must completed before event! *****

All Applications should be sent to: Diocesan Youth Minsitry Phone 904-356-1328 ext 16
325 Market Street Fax 904-355-1934
Jacksonville, FL 32202 E-mail: youth@diocesefl.org

PLEASE! PHOTOCOPY THIS FORM FOR MULTIPLE USE!!

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