

**Happening #25**  
**April 18~20, 2008**  
**The Episcopal Diocese of California**  
**The Headlands Institute, Marin**

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Church: \_\_\_\_\_ City: \_\_\_\_\_  
Participant email: \_\_\_\_\_ T-shirt Size (circle one): S, M, L, XL

**In case of emergency, please notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
City: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

*Financial aid is available through the Diocesan Department of Youth Ministries.  
Please indicate that you would like a scholarship form and we will mail it to you.*

\_\_\_\_ Yes, please send me the scholarship form.

**MEDICAL AUTHORIZATION**

I/We the parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician.  
*(Please attach a photocopy of participant's medical card if such exists.)*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Birthdate of Minor: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of policy holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical allergies/food allergies or special needs:

\_\_\_\_\_  
\_\_\_\_\_

Dietary needs/restrictions: \_\_\_\_\_

**Bus Permission**

I give \_\_\_\_\_, a minor, permission to take the bus from San Francisco to the Headlands Institute on April 11, 2008. I understand that it is my responsibility to pick up or provide transportation home for said person from the Headlands Institute in Marin on April 20<sup>th</sup>.

Signed: \_\_\_\_\_

Parent/Guardian

**Please send completed registration and community agreement with a registration fee check for \$150 to:  
Youth Ministries: Happening Registration  
1055 Taylor Street, San Francisco, CA 94108**

**Applications and payment in full must be received no later than April 1<sup>st</sup>, 2008. Checks can be made payable to the Diocese of California. Registrations will be accepted on a first-come-first-serve basis.**



# COMMUNITY AGREEMENT



## Happening #25

for ALL PARTICIPANTS, including adult leaders

I agree:

1. **NOT to** leave the event or grounds without permission of an adult advisor;
2. **NOT to** bring or use alcohol or any illegal drugs;
3. **NOT to** participate in any violent behavior, including the possession of weapons;
4. **NOT to** smoke or chew tobacco if under the age of 18. If I am of legal age and use tobacco, I agree to use it only in the designated area provided;
5. **NOT to** participate in any inappropriate sexual behavior;
6. **TO** respect the needs and property of other participants and chaperones;
7. **TO** participate in community activities, including chores.

I understand these agreements are designed to provide a safe and supportive community at all events. I also understand that if I break one of these agreements, I will have broken the trust of the community, and may be asked to leave at the expense of my parent(s)/guardian(s).

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Adult Sponsor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Clergy: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

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