

HAPPENING APPLICATION

Please Print Information Clearly, (please make sure all three pages are completed)

ALL forms must be provided at time of registration. These include signed registration forms for all youth participants, completed registration forms for adults and the documentation of the adults' attendance at a "Keeping God's People Safe" training. If any of the forms or documentation are missing, the participant or staff member will be sent home.

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Telephone number(s) (_____) _____ (_____) _____
Home Youth/Adult **participant** cell phone (Not parent)

E-mail address _____

Birth date _____ Grade _____ Circle one: Male Female

Check all that apply: _____ Youth _____ Adult _____ Staff _____ Participant

Weekend Date for which you are applying: _____

T-shirt size (adult sizes) S M L XL XXL

Parish & City _____

Youth Minister or Parish clergy signature X _____

PLEASE LIST ANY SPECIAL INTEREST, HOBBIES, SCHOOL ACTIVITIES, ETC.

For Adults: Have you attended the "Keeping God's People Safe" Training?

Yes No Date of attendance (please provide proof of attendance)

Scholarship Request

Due to a financial need I would like to participate in the Scholarship Program. Ideally, my church will contribute 1/3rd I will contribute 1/3rd, with the Diocese paying the final 1/3rd. If this is not possible, please be in touch with us, we are willing to work out another arrangement.

****We hope that no one will miss any event because of money.****

Cost of event \$55.00

Happening Number	89	90
Application Deadline	October 23, 2009	February 13, 2009
Happening Weekend	November 13 – 15, 2009	March 5 - 7, 2010

Make checks for \$55.00 payable to: "**Happening**" & send with forms to:

Happening - Youth Ministries Office - Diocese of Chicago

65 East Huron Street ~ Chicago, IL 60611-2728

Fax: 312-787-5872

A confirmation letter with directions and other information will be sent upon receipt of this completed form and deposit.

You must also complete and send the Medical release form

HAPPENING SPONSORS FORM

Participant's Name _____

Sponsor's Name _____

Sponsor's Address _____

Sponsor's Phone (_____) _____

Sponsor's E-mail address: _____

How long have you known this person? _____

Why do you recommend this person for Happening? _____

What activities are you involved in with this person? _____

What do you feel is this person's best talent? _____

Sponsor' Signature _____

Please complete the Medical Release form on the next pages if it is not already on file in the Youth Ministry office for 2008-2009

Required Signatures & Parent/Guardian Authorization

Diocese of Chicago Youth Event Covenant.

Non-negotiable rules: These Rules apply to youth and adult participants and staff, and signed by all participants & staff.

1. I will not engage in inappropriate sexual behavior, this includes: sexual misconduct, sexually explicit communication, or harassment.
2. I will not use, bring, or be under the influence of illegal drugs, or alcohol.
3. I will not smoke cigarettes.
4. I will respect the physical property of the facility and the property of each person at the event.
5. I understand that acts of violence and aggression will not be tolerated.
6. I will not enter sleeping areas of the opposite sex during the event.
7. I will not be in the possession of or use firearms, knives (including pocketknives), fireworks, or other weapons of any kind.
8. I will remain on the premises and be present for all scheduled activities for the entire event.
9. I will try new and daring things, and participate fully in all planned events.

This Covenant helps provide for the physical, emotional, and spiritual safety of the whole community, and **a violation of this covenant is damaging to the community.** Violations will be dealt with in an immediate and appropriate manner by the Leadership Team and/or Diocesan Youth Coordinator. Possible consequences for serious or repeated offenses may include (but are not limited to) notification of one's parents/clergy, and being sent home immediately at one's own expense and without refund.

I have read and agree to follow the rules and norms during this event.

Participant's signature _____

PARENTAL CONSENT:

I give full permission for my child to attend Diocesan Events including but not limited to: New Beginnings, Happening, Diocesan Convention, The Episcopal Youth Event, Junior High – High School Retreat, Miqra Retreat, General Convention, Mission Trips, Six Flags Great America trips, Meetings and overnights in preparation for a any of the above events, Youth Council, and any other event named here:

I give my permission for photographs or video footage of my child to be used by the Diocese of Chicago for promotional purposes. (brochures, **website photos**, online photo albums of the event, etc. (No names are used on the website or in publicity)

I **DO/DO NOT** (circle one) give my permission for my child's address/phone number & e-mail address to be included on a participant roster of the event (for use for event participants only)

MEDICAL RELEASE:

I also give permission to the leaders of this program to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

TRANSPORTATION RELEASE:

I give full permission for my child/children to be transported to youth activities in conjunction with the above mentioned event, away from our meeting site, riding in approved vehicles, with approved drivers in the Diocese of Chicago, and to attend and participate in activities off site of our main program.

WAIVER OF LIABILITY:

I agree to hold the Diocese of Chicago and any associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature _____ date _____