

**NEW BEGINNINGS #22 REGISTRATION FORM**  
**DIOCESE OF CHICAGO**  
 September 25 - 27, 2009

*Adults must provide all forms at time of registration. These include signed registration forms for all youth participants, completed registration forms for adults accompanying the group 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 WHOLE GROUP 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** \_\_\_\_\_

**Check all that apply:** \_\_\_\_\_ **Youth** \_\_\_\_\_ **Adult** \_\_\_\_\_ **Staff** \_\_\_\_\_ **Participant**

**T-shirt size (adult sizes)** S M L XL XXL **Circle one: Male Female**

**Parish & City** \_\_\_\_\_

**Youth Minister or Parish clergy signature** \_\_\_\_\_

**Adult Advisor(s) accompanying your group** \_\_\_\_\_

**For Adults: Have you attended the "Keeping God's People Safe" Training?**  
 Yes No Date of attendance (please provide proof of attendance)

**Fees:**

- We are paying the early bird registration fee of \$50. by September 11 Enclosed is the early fee of \$ \_\_\_\_\_
- We are paying the late fee of \$65, after September 11 Enclosed is the late fee of \$ \_\_\_\_\_
- We would like to help sponsor a youth scholarship for this event. Enclosed is the amount of \$ \_\_\_\_\_
- Additional Donation in any amount. Enclosed is a donation of \$ \_\_\_\_\_
- We would like to apply for **scholarship** assistance. We would like to participate in the Diocesan Scholarship Program. Ideally, my church will contribute 1/3<sup>rd</sup> I will contribute 1/3<sup>rd</sup>, with the Diocese paying the final 1/3<sup>rd</sup>. If this is not possible, please be in touch with us, we are willing to work out another arrangement.
- We would like to pay by credit card. **\*\* Add \$2 per credit card transaction. Add \$2 card processing fee \$ \_\_\_\_\_**  
 Circle one **VISA MASTERCARD** number \_\_\_\_\_ Exp date \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_

**\*\*Please make checks payable to "The Diocese of Chicago" GRAND TOTAL \$ \_\_\_\_\_**

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

Make checks payable to: **"Diocese of Chicago"** & please send with Registration form & Medical release forms by **September 11, 2009**  
 (fee before September 1 = \$50, after January 16 = \$65)  
 Youth Ministry - New Beginnings  
 65 East Huron St.  
 Chicago, IL 60611-2728  
 312-751-6722, 312-787-5872 (fax)  
[scromer@episcopalchicago.org](mailto:scromer@episcopalchicago.org)  
*A confirmation letter with directions and other information will be sent upon receipt of this completed form and deposit.*

**Please complete the Medical Release form on the next pages if it is not already on file in the Youth Ministry office for 2009-2010**

## Diocese of Chicago Event - Participant Information

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number(s) (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code  
Home YOUTH /Adult participant cell phone (not parent)

E-mail \_\_\_\_\_

Health Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Insured's name \_\_\_\_\_

Birth date of participant \_\_\_\_\_ Relationship to Insured \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

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

*\*\*If you have special dietary needs, please do let us know. We will try to accommodate all requests.*

**Please indicate the School year for which this form is valid:** \_\_\_\_\_

The following is a list of medications that my child, \_\_\_\_\_, will need to take while attending events. (Please attach a list if additional room is needed.) **All prescription medication must be properly labeled in its original pharmacy container.** Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION	DOSE	WHEN TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following medication will be available for your child to take with your permission. I, the parent/guardian of \_\_\_\_\_ give permission for my child to take:

***Please check yes or no for each of the listed medications.***

Cough Drops	Yes _____	No _____	Motrin	Yes _____	No _____
Mylanta	Yes _____	No _____	Tylenol	Yes _____	No _____
Parent/Guardian Signature _____			Date _____		

### Parent/Guardian Information:

if parents live at different addresses, list both, and indicate which is the primary residence

***\*\*If there are special custodial arrangements, please notify the Diocesan Youth Ministry Office.***

Name \_\_\_\_\_

Address(es) \_\_\_\_\_

Home phone(s) \_\_\_\_\_

Work phones \_\_\_\_\_

Cell phones \_\_\_\_\_

Parent e-mail \_\_\_\_\_

**Person to notify in case Parent/Guardian CANNOT BE REACHED!**

Name \_\_\_\_\_ relationship \_\_\_\_\_

Home phone \_\_\_\_\_ cell or work phone \_\_\_\_\_

## 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 \_\_\_\_\_