

The Episcopal Center for Renewal
10290 Monroe Drive #101, Dallas TX 75229-5718
Diocese of Dallas and Ft. Worth
Happening Registration and Medical Release Form

Deadline: 1 Week Prior To Event NO REFUNDS

Please print and leave no spaces blank. PLEASE NOTE: This form must be completed, the Community Contract and Guidelines (opposite side of this page) signed and the \$65.00 fee paid before youth can participate in Happening.

PARTICIPANT INFORMATION (Please Print):

Name: (Last) _____ (First) _____ Name on List _____ Sex: (Circle one) M F
Street Address _____ Birthday ____/____/____ Graduation year _____
City _____ State _____ Zip Code _____ Are you Baptized? (Circle one) Yes No
Phone # (____) _____ Cell # (____) _____ T- Shirt size (circle one) S M L XL XXL XXXL
Parish Church _____ City _____ E-mail _____

CLERGY ENDORSEMENT

____ actively participates in the life of the church
____ does not participate in the life of the church
____ is not someone I know or on whom I am able to comment

YOUTH LEADER ENDORSEMENT

____ actively participates in church's youth group
____ does not participate in the church's youth group
____ is not someone I know or on whom I am able to comment

Clergy Signature _____

Youth Leader Signature _____

HEALTH AND INSURANCE INFORMATION: *In case of emergency, please notify*

Last Name _____ First Name _____ Relationship _____
Address if different from above: _____
Home # (____) _____ Mobile # (____) _____ Pager # (____) _____
Family Dr. Name _____ Phone # (____) _____
Insurance Carrier _____ ID or Group # _____
Name of Primary Insured _____

Allergies: Food, Drug, or Environmental _____

Does your child have any other known medical conditions we should be aware of (such as asthma, diabetes, low blood sugar, seizures, etc.)? Yes No If yes, please explain _____

Do you give permission for us to give your child Tylenol or Advil, if needed? Yes No

List all medications, which you authorize us to give your child including the name, dose, and time to be taken:

Please list any dietary or physical restrictions: _____

I give permission for my child to attend Happening. In case of illness or accident, I give permission to have my child evaluated and treated by available medical personnel. I understand a reasonable attempt will be made to notify me in such an event. I also understand that no obligation or responsibility in regard to rendering treatment or medication is assumed or undertaken as a consequence of this activity; notwithstanding, the adults in charge have permission to authorize any medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on my child's behalf and I do hereby release The Episcopal Center for Renewal, Episcopal Dioceses of Dallas and Ft. Worth, my parish and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

Parent/Guardian Signature _____ *Date* _____
(Please remember to read and sign the Community Contract on the opposite side of this page before returning.)

OFFICE USE ONLY: Fee Paid _____ cash/check _____ Date Received _____ Acceptance _____