

The Episcopal Diocese of East Carolina - Permission to Participate, Community Covenant, Medical & Photo Release Form

Participating in a Diocesan Youth Event is a privilege as is living in Christian Community. To maintain the integrity of programs and continue this privilege, young people choosing to participate, along with their parents/legal guardian need to read all accompanying information. Please contact Emily Gowdy Canady, Program Officer for Youth, Campus, and Young Adult Ministries 252-522-0885, ext. 226 or egowdycanady@diocese-eastcarolina.org

Youth Signature Section

I, _____, as a participant in **Happening 69** have read the accompanying Community Covenant including: the Non-Negotiable Regulations, the Christian Community Expectations, and the Technology Agreement. By signing below I acknowledge, understand and accept the consequences should I choose to break any portion of this Community Covenant.

Participant Signature: _____ Date: _____

Parent/Guardian Signature Section

Photography/Media Release

The Diocese takes photographs at all events. As a result your young person may be photographed and appear in Diocesan publications or on the Diocesan website for publicity purposes. Some photographs may be identified by name. Below, please circle "Yes" if you are giving the Diocese permission to publish a photograph of your young person. Please circle "No" if you do not want your young person's photograph published. YES NO

I, _____, parent/guardian of _____, give my permission for my child to participate in **Happening 70**, sponsored by the Episcopal Diocese of East Carolina. I have read and discussed with my young person the accompanying Community Covenant including: the Non-Negotiable Rules, the Christian Community Expectations, and the Technology Agreement. I have also read and understand the Photograph Release. My choice regarding the photo release is circled above. By signing below I give permission for my young person to participate in **Happening 70**, and I acknowledge, understand and accept the consequences, including any financial responsibility, should my child choose to break any portion of this Community Covenant.

Parent/Guardian Signature: _____ Date: _____

Medical Insurance Usage and Health Information You MUST sign this section.

REQUIRED INFORMATION

Date of last Tetanus shot/booster: ____ / ____ / ____

Please list any necessary medical/health information (ex: drug allergies): _____

Please list all regularly taken medications & dosage: _____

Other information about you that would be helpful for us to know: _____

Medical Insurance Information - If you would like your medical insurance used should the Diocese of East Carolina need to seek medical treatment for your young person, please include a front and back copy of your insurance card(s).

I, _____, parent or guardian of: _____ authorize, by signing below, the use of this information in case of a medical emergency involving my youth by The Diocese of East Carolina employees, volunteers, and agents. I agree to be financially responsible for all costs incurred, regardless of whether medical insurance coverage information is provided.

Parent/Guardian Signature: _____ Date: _____

The Episcopal Diocese of East Carolina
Happening 70



A Christian Experience (sm)

Oct. 19-22, 2017

Team Application - Deadline August 31, 2017

(Application, Covenant, Medical Form and Payment MUST be received by Aug. 31)

Do you want to give a talk?

Registration must be received by May 31st.

Youth Team Registration Info
Complete Team Registration for Youth AND Adults includes:
1) All blanks filled
2) **Question Answers**
3) All signatures in all places
4) **A Check for \$145 made payable to the Diocese of East Carolina. Happening fees are non-refundable.**

Important Info & Commitment

Serving on Happening Team asks each team member to make a significant commitment of time, as well as a commitment of talent and treasure. **If for any reason you are unable to make the full commitment*** (see inside panel) you are invited to serve on the Celebration Team. Celebration Team begins at 6:30 PM on the Saturday evening of Happening and ends following clean-up on Sunday. For more details please contact Emily Gowdy Canady or Cookie Cantwell.

Youth & Adult Team members commit to the following:

- Attend the **REQUIRED** Team Meeting - September 30, 2017 10 - 4 PM. @ St. James, Wilmington
- Arrive at Trinity Center by 8:00 PM on October 19th. *This will mean missing school or work on Friday.**
- Arrange your own transportation to & from the team meeting & the Happening Weekend.
- Stay through clean-up late Sunday afternoon.
- Caritas for one day must be completed prior to the arrival at Trinity Center for the weekend.
- Pray for fellow team members the candidates & the weekend.

Youth Community Covenant
Non-Negotiable Rules

Choosing to break any one of the rules listed in this section will result in IMMEDIATE removal from the community & being sent home as expeditiously as possible at your own expense.

1. Using, possessing or arriving under the influence of illegal drugs, prescription drugs not prescribed to you, alcohol or tobacco products of any kind.
2. Inappropriate sexual behavior
3. Possession of firearms, knives, fireworks, other explosives or any other kind of weapon
4. Possession of live animals
5. Unauthorized use or mistreatment/destruction of the facilities/ grounds or event site, housing locations, or any other area that may be part of a youth event.
6. Leaving the designated areas or grounds without permission.

Christian Community Expectations

Repeated violations of these expectations may result in removal from the community & being sent home. The Program Officer/Event Coordinator make decisions about consequences:

1. Treat others as you would like to be treated,
2. Arrive on time and will stay for the entire event. Be on time to all activities during the event, including ALL meals. Abide by curfews, quiet times & all boundaries.
3. Guests are not permitted at any point during the event.
4. All participants are required to have signed & completed medical forms on file to participate in the event.
5. Cars must be parked in the designated area and must be locked for the duration of the event. Youth may not visit their car without permission The Program Officer/Event Coordinator.

Technology Agreement

Young people are engaged in a tremendous amount of activity involving technology. Entering into Christian Community choosing to set time apart from the regular pace of every day life. The use of technology during youth events will be extremely limited. **So limited, it is strongly advised that young people NOT bring any of the following items: Cell Phone, PDA or other mobile communication device; MP3 Player, iPod or another mobile music device; Laptop or tablet; Handheld video games or DVD players; Any other electronic device that is not medically necessary.**

Young people will only be asked ONCE to put technology away. The item in questions will be taken by the Program Officer/Conference Coordinator at the second offense. Items will not until the end of the event. **NOTE: The Diocese of East Carolina is not responsible for lost, stolen or damaged items.**

Send Complete Team Forms to:

Emily Gowdy Canady • Happening 70
PO Box 1336 • Kinston, NC 28503

Questions? 252-522-0885, ext. 226 or
egowdycanady@diocese-eastcarolina.org

Team Member Information

Name: _____ Preferred Name: _____

Gender: _____ Grade: 9 10 11 12 Date of Birth ___/___/___ T-Shirt: S M L XL XXL

Mailing Address: _____ State: _____ Zip: _____

E-mail (one that is regularly checked): _____

Primary Phone:(_____) _____ Parish & Parish City: _____

Youth Leader, Rector or Sr. Wardnen's Name: _____

Which Happening did you attend? ____ Have you served on team? Please list which ones _____

How would you like to serve? (please rank 1- 7): ___Small Group Gopher ___Small Group Minister ___Activity Gopher ___ Skit Gopher ___ Technology Gopher ___ Music Team ___Maitre D's

Do you play a musical instrument? If yes, which one _____ Would you be willing to give a talk? YES NO
If yes, please circle the talk(s) you would be willing to give:

Please Listen... Reality Spirituality Jesus Christ Apostle Church & Grace Faith

Please answer the following questions on a separate sheet of paper.

- What gifts or skills do you have that will help this team create Christian Community for the Candidates?
- What do you find to be the most challenging aspect of sharing your faith with others? What have you done to overcome this?
- How do Jesus's teachings impact your everyday life? Your interaction with others? Your church? Your community?

Do you know someone who might want to attend Happening? If yes, have you talked with them about the weekend?

Your signature acknowledges that you have read the "Important Information" & "Team Commitment" sections of the team application & understand serving on Happening team is both a privilege & an honor. You know you will be asked to be a Christian leader, serving as an example to others by worshipping regularly, reading & studying scripture, praying & being an active part of a church.

Signature: _____ Date: _____

Parent/Guardian & Emergency Contact Information

Parent/Guardian (1) _____

Primary Phone: (_____) _____ Mailing Address: _____ State: _____ Zip: _____

Regularly Checked Email: _____

Parent/Guardian (2) _____

Primary Phone: (_____) _____ Mailing Address: _____ State: _____ Zip: _____

Regularly Checked Email: _____

Emergency Contact (In case you cannot be reached) _____ Relationship to Youth: _____

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Your signature below indicates you are aware of the commitments & requirements necessary for your young person to serve on Happening Team. Please see the front page for more info.

Parent/Guardian Signature: _____ Date: _____

Happening team members must have the approval of their Youth Leader, Rector or Sr. Warden in order to serve:

I believe _____ is active in ministry in this parish and is mature in their faith, able to express their faith in word & deed. By signing below I agree this person is equipped to serve on Happening team & to support them on their faith journey.

Signature: _____ Title: _____ Date: _____

(If you are not Episcopalian please have your youth leader, Sr. Minister/Pastor/Priest or Elder/Council Member where you go to church sign in this box. If you do not currently belong to a church, please contact Cookie Cantwell before submitting your application.)

For Office Use - Date Received _____ Check # _____ Cov/Med _____ Processed _____