

EPISCOPAL YOUTH EVENT 2011 REGISTRATION

Please complete ALL forms and return with \$100 non-refundable deposit to:

Caroline Rossini
Christ Church Cathedral
900 Broadway
Nashville, TN 37203

****DEADLINE: MARCH 21, 2011****

CIRCLE ONE: YOUTH ADULT

First Name: _____ Last Name: _____

Name as it should appear on nametag: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Gender: _____ Age: _____ Current Grade in School: _____

Emergency Contact Information

Name: _____ Relationship: _____

Contact Phone #1: _____ Phone #2: _____

Name: _____ Relationship: _____

Contact Phone #1: _____ Phone #2: _____

Dietary restrictions and special needs:

Medications and health concerns:

EPISCOPAL YOUTH EVENT 2011
EXPECTATIONS COVENANT FOR YOUTH & ADULT PARTICIPANTS
(READ, SIGN AND RETURN WITH MEDIA RELEASE FORM)

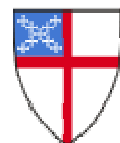
You have been called to be a part of the 2011 Episcopal Youth Event. This honor and privilege has been entrusted to you because you have shown sound leadership qualities. Your participation is an opportunity to share with the Church the manifold gifts that young people have to offer. It is *very important* that we put forth our best selves as we represent youth in church leadership at the 2011 Episcopal Youth Event. With this goal in mind, we must agree to read, understand and abide by the guidelines below.

Presentation:

1. You are expected to be on time to meetings and sessions.
2. You are expected to be in by curfew.
3. You are expected to have at least 7 hours of sleep each night.
4. You are responsible for getting yourself up and to your selected activity on time.
5. When speaking in group activities, make sure that you are using "I" statements and that you are speaking for yourself.
6. You are to be appropriately dressed: avoid clothing that promotes any tobacco, alcoholic, or illegal substances; swimwear should be modest; underwear and torso should be covered.
7. It is *very important* that you are active and involved throughout the entire event; that you show up for your selected activities and assigned groups.
8. Take responsibility for your needs, keeping your diocesan adult leaders informed of your where-abouts and general well being at all times.
9. Your meals are included in your registration fees. Extra purchases of some snacks are at your own expense.
10. Only your roommate may be in your room. A common area in the dorm will be designated for socializing during free time.

Adult Leaders

1. Adult Leaders at 2011 EYE must check in with their diocesan participants daily and at bedtime to insure all youth are well and account for.
2. All medical situations/incidents must be reported to the EYE Infirmary and Pastoral Care Team for appropriate response, care, and documentation.
3. All disciplinary issues must be handled by diocesan leaders with the EYE Pastoral Care Team for appropriate response and reporting.



Responsibilities and Regulations:

Community Covenant

The following apply to all participants of the Mission Planning Team.

1. Respect the dignity of every human being.
2. Quiet will be maintained in dorm rooms and floors from 11 p.m. to 7 a.m.
3. All participants are to be in their dorms by curfew.
4. All participants will remain in their sleeping rooms from curfew until 6 a.m.
5. All participants will be responsible for damaged property.
- 6. Young people leaving EYE or Mission Planning Team meetings must sign out with the Officer for Youth Ministries AND must be accompanied by an Adult Member of the Mission Planning Team. Under no circumstances may one adult and one young person leave the meeting/event alone.**
7. No sexual behavior or sexualized or harassing speech.
8. No use of tobacco products.

Non-Negotiable Regulations:

The following regulations also apply to all participants (young people and adults) and failure to comply will result in expulsion from the Episcopal Youth Event and /or Mission Planning Team meeting at your parent/guardian's expense.

1. No possession or use of alcohol or illegal drugs/controlled substances at any time during the event.
2. Participants are expected to respect campus property and individual property and will be held financially responsible for willful destruction of it.
3. No pets, fireworks, firearms, knives or other weapons are permitted.
4. All young people leaving the campus at any time must be accompanied by an adult registered at the conference. Under no circumstances may one adult and one young person leave the conference alone.

I have read and understood the Responsibilities and Regulations. I agree to abide by these regulations while I am attending the 2011 Episcopal Youth Event.

Participant's Signature

Date

Parent/Guardian's Signature

Date





PHOTO/VIDEO RELEASE FORM

I hereby grant the Domestic and Foreign Missionary Society of the Episcopal Church of the United States (“DFMS”) permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of the DFMS and will not be returned. I hereby irrevocably authorize the DFMS to edit, alter, copy, exhibit, publish or distribute this photo or video for purposes of publicizing the DFMS’ programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video. I hereby hold harmless and release and forever discharge the DFMS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

The Episcopal Church · 815 Second Avenue, New York, NY 10017 · 800-334-7627

I am 21 years of age and am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

_____ (Signature/Date)

_____ (PRINTED Name/Date)

If the person is **under age 21**, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of: _____
and do hereby give my consent without reservation to the foregoing on behalf of this person.

_____ (Parent/Guardian’s Signature/Date)

_____ (Parent/Guardian’s PRINTED Name/Date)

TO WHOM IT MAY CONCERN:

_____, my son/daughter, has my permission to attend the Episcopal Youth Event 2011.

If I cannot be reached by telephone, the on-duty nurse/EMT or a member of the Medical Staff of the 2011 EYE has my permission to authorize medical treatment for my son/daughter. I hereby certify that I have read and fully understand the above authorization for medical treatment. I also certify that no guarantee or assurance has been made as to the results that may be obtained. Any medical problems are listed below:

DATE OF LAST TETANUS BOOSTER _____

DIET OR HEALTH REQUIREMENTS _____

ALLERGIES OR MEDICAL PROBLEMS _____

ANY OTHER CONCERNS THAT WE SHOULD BE MADE AWARE OF

PARTICIPANT'S SIGNATURE

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN'S NAME AND ADDRESS

PARENT/GUARDIAN'S CELL, HOME AND WORK TELEPHONE NUMBERS

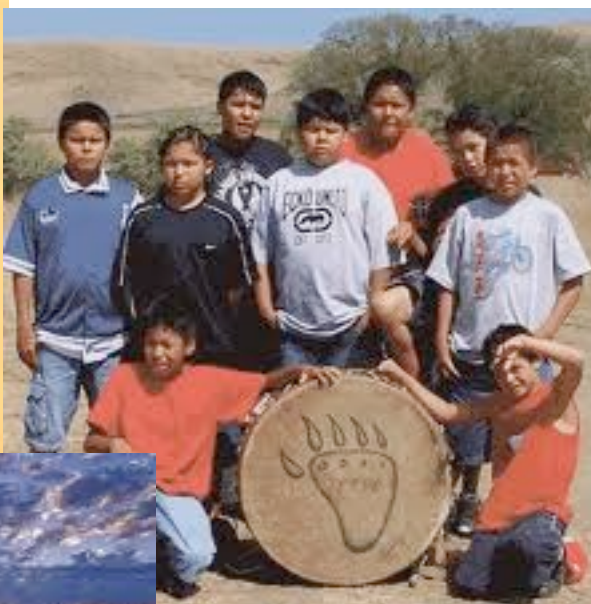
MEDICAL INSURANCE INFORMATION (Please attach a copy of both sides of your medical insurance card.)

NAME OF DIOCESE



PROVINCE IV YOUTH EVENT: MISSION EXCHANGE 2011

JUNE 26TH - 30TH



A MISSION EXCHANGE

AT THE RED LAKE NATION IN NORTHERN MINNESOTA

Participants will spend three days in a mission exchange with the Ojibwe Tribe on the Red Lake Reservation. Immersed in the culture of the tribes we will work with the residents of the reservation. During this exchange we will learn about the history and the culture of the tribal people while we share our own life experiences of faith, fellowship and mission.



P.Y.E. 2011 REGISTRATION FORM

RED LAKE NATION

NORTHERN MINNESOTA

June 26th - 30th
Registration Deadline: March 15, 2011
Cost: \$295.00

Name: _____ D.O.B. _____

Age (as of June 26, 2011) _____ Grade (for 2010/2011) _____

Diocese of: _____ T-shirt size: _____

Address: _____

City: _____ State: _____ Zip: _____

Youth / Adult
(circle one)

Male / Female
(circle one)

Your phone numbers H: _____ C: _____

Email: _____

Parent/ Guardian Name: _____

Phone number H: _____ W: _____ C: _____

Have you ever attended: P.Y.E. ____ E.Y.E ____

What is P.Y.E.?

Come and be a part of an amazing week with youth and adults from all over the south. It will be 3 days of mission work, laughter, prayer, singing, worship, giving, sharing, memories, ministry, and much more. You'll have the time of your life and you will be serving others.

Transportation:

You will be transported to the Red Lake Reservation on Sunday June 26th. On Wednesday June 29th we will be driven back to Bethel University, St. Paul, MN to spend the night before departing to the airport.

Send Registration with \$295/person (Check made to "Province IV") by **MARCH 15, 2011 to:**

Beth Crow, Diocese of North Carolina, 200 West Morgan Street, Raleigh, NC 27601
Phone 1(800)600-8775 Email: beth.crow@episdionc.org

Questions? Please contact the Province IV Youth Ministries Coordinator:

Cookie Cantwell: 910.763.1628 or email: cookie@stjamesp.org
25 South Third Street Wilmington, North Carolina 28401

MEDICAL RELEASE FOR P.Y.E. 2011

Health History

Date of last Tetanus Booster: _____

Please list any current medications, pertinent medical condition, allergies, physical limitations, dietary or health requirements.

Insurance Information

Name of Medical Insurance company: _____

Name of Insured: _____

Policy Number: _____ S.S. Number: _____

Release for Medical Treatment

_____, my daughter/son has my permission to participate in P.Y.E. 2011. If I can not be reached by telephone in case of emergency, I authorize such medical treatment as necessary and such additional procedures as are considered necessary during the course of medical examination.

Parent/ Guardian Signature: _____ Date: _____

Emergency Contact (other than Parent or Guardian): _____

Relationship: _____ Phone: W: _____ C: _____ H: _____

COMMUNITY COVENANT FOR YOUTH AND ADULTS

- No use of or possession of alcohol, illegal drugs, tobacco products, fireworks, firearms or any other kind of weapons.
- No touching or exposure of breast, buttocks or genitalia.
- No one may enter the sleeping area of the opposite gender.
- Every participant be it youth or adult, is expected to abide curfew and lights out times.
- Cell phones will be used only during designated times
- All participants will treat others with respect and not use behavior in a manner disruptive or harmful to the community or facility.

I, _____ agree to live by the Community Covenant while attending the P.Y.E. 2011 event. I understand that violation of any of these norms will result in being sent home at the expense of my Parent/ Guardian or my diocese.

Signature or Participant (Youth or Adult): _____

Signature of Parent/ Guardian: _____