

# DIOCESE OF UPPER SOUTH CAROLINA INDIVIDUAL REGISTRATION FORM

<i>FOR DIOCESAN OFFICE USE ONLY</i>
amount \$ _____
check # _____

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Preferred Name for Name Tag: \_\_\_\_\_ Tee-shirt Size: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Adult S- XXL)

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Congregation: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Work/Cell Phones: ( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

### Parent/Guardian Release

\_\_\_\_\_ (full name of participant), has my permission to attend the above named event. I understand that all reasonable safeguards will be taken but that the Episcopal Diocese of Upper South Carolina and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I the parent or legal guardian of \_\_\_\_\_, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of and any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Birthdate of Minor: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Ins. Co. Phone: ( ) - \_\_\_\_\_

Any food or drug allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medical Diagnoses or Medication: \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_

Phone: ( ) - \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please return to your congregational Youth Leader before the registration deadline for an event.  
A \$25.00 deposit is required and is non-refundable after the deadline.\*\***

**\*\*If this registration is for Happening - please submit the registration fee of \$120 with this form.**

**(OVER)**

**Youth Ministry Community Covenant**  
**The Episcopal Diocese of Upper South Carolina**

**Non-Negotiables**

1. I will not bring or use alcohol, illegal drugs or tobacco products of any kind.
2. I will respect the property, needs and integrity of others; personally, sexually and racially; and agree not to participate in any inappropriate sexual or violent behavior.
3. I will not bring or use firearms, explosives, knives or fireworks.
4. I will not misuse or willfully damage the property of others or the facility or grounds of the host site.

**Expectations**

1. I will be present for the entire event and participate fully in all scheduled activities including community chores.
2. I will not leave the host site or prescribed boundaries without the permission of an adult advisor.
3. I will respect and abide by the schedule and expectations of the design team regarding curfew, quiet times, sleeping areas and equipment use.
4. Once arriving at the event my vehicle will be locked and parked in a designated area for the entirety of the event.
5. I will only use electronic devices during free time and when it is not disruptive to the community, this includes cell phones and personal stereos, etc.
6. I will bring an openness to grow in faith, meet new people and have fun.

I understand that the above agreements are designed to make this the best and safest event possible. I promise to adhere to these non-negotiable regulations and expectations while I am a participant at this event. I understand that if I choose to break the non-negotiables at any time during the event I will be removed from the community, my parents will be called and I will be sent home at my own expense. If I choose to break expectations of the event the design team and Canon for Youth Ministry will determine appropriate consequences in light of the Diocesan Mission Statement: *Love with the heart of Christ, Think with the mind of Christ and Act in the world as the Body of Christ.*

I release the Diocese of Upper South Carolina to record my/child's likeness, via still photo, video, or audio recordings; for use as promotional material for the diocese. I understand that these recordings may be edited at the discretion of the diocese, and that they may be published in promotional videos, brochures, diocesan newspapers, and diocesan websites. I hereby waive all rights to compensation for the use of these recordings.

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_