



Episcopal Diocese of West Texas HAPPENING REGISTRATION



First Name _____ Last Name _____

Home Phone: _____ Cell Phone: _____

Email: _____

Address: _____

City _____

State _____ Zip _____ Male _____ Female _____ Date of Birth: ____/____/____ Graduation Date: _____

High School: _____ T-shirt Size: _____

Home Church: _____ City _____

#110 – St. Luke’s, San Antonio, Aug. 1-3rd, 2008; #111- St. Stephen’s Wimberly, Nov. 21-23rd, 2008; #112 – St. Mark’s, San Antonio, Mar. 6-9, 2009 Applying for: Happening # _____ Date: _____. (If the Happening is full, we will contact you.)

NOTE: THIS FORM MUST BE SIGNED BY A YOUTH MINISTER/PRIEST TO BE ACCEPTED.

I have known this person for _____ years and feel that they would benefit from the Happening Experience.

Youth Minister/Priest Signature _____ Date: _____

Email Address: _____

Print Name _____ Church/City _____

Parent 1/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City _____

State _____ Zip _____ Male _____ Female _____

Email: _____

Parent 2/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City _____

State _____ Zip _____ Male _____ Female _____

Email: _____

Failure to give 24 hour notice of cancellation will result in forfeiture of Registration Fee. Please mail registration form and \$35.00 to:

**Happening/HIS love
Diocese of West Texas
PO Box 6885
San Antonio, TX 78209**

**MEDICAL RELEASE FORM ON THE BACK
MUST ATTACH COPY OF FRONT AND BACK OF MEDICAL CARD**

HEALTH CARRIER/POLICY #/GROUP #

(IMPORTANT: COPY BOTH SIDES OF INSURANCE CARD and attach)

HEALTH CARRIER ADDRESS/PHONE #

ALLERGIES/REACTION/TREATMENT

MEDICAL CONDITIONS/MEDICINES CURRENTLY TAKING

(NOTE: Prescribed Medicines must be in original pharmacy container with correct name, date, instructions, and physician's name on label)

EMERGENCY CONTACT AND PHONE

ANY OVER THE COUNTER MEDICATIONS THAT THE PARTICIPANT **MAY NOT RECEIVE FROM ADULT SPONSOR** (i.e. Tylenol, Advil, Kaopectate, etc.) NO **If YES, Please List**

I/my child, _____, has my permission to attend and to participate in Happening sponsored by the Episcopal Diocese of West Texas. I represent that my child/self is healthy and capable of participation in said event without causing risk of danger, illness or accident to him/her/myself, or to others. I agree to hold harmless the leaders of my church, leaders of other churches involved, the event coordinators, the Bishop of West Texas and the Diocese of West Texas in the event of any accident or injury. In the event that my child requires medical attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately, or because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent. Please list all allergies, medical problems, medications currently being taken by participant, or any other pertinent information below. Please notify the Event Coordinator or Nurse if this participant has been exposed to any communicable disease 3 weeks prior to this event. In addition to the medical considerations mentioned above I hereby grant permission for the Happening Steering Committee to use the candid photos of my child or myself taken as part of the Happening experience in promotion of future Happenings and on the Happening Texas Internet site. I declare that my child/self is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child/self whether covered under insurance or not. **(NOTE: The Sponsors of this event DO NOT provide insurance in case of injury or illness.)**

Parent Signature

Date



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