

Registration for Senior High Diocesan Youth Event
“Living With Labels”

Friday, February 27th at 6pm – Sunday, February 29th at 11am
St. John's in the Wilderness Episcopal Church, White Bear Lake

PLEASE PRINT

Full Name: _____ Grade: _____ Gender: _____

Nickname/Prefers to be called: _____ DOB: _____

Address/ City: _____

Name of Parent/Guardian(s): _____

Home Phone: () _____

Parent/Guardian Work Ph: () _____ () _____

Medical/Allergy/Diet Information: _____

(Please list any medications, allergies, and health information that may be helpful.)

Medical Insurance Company: _____

Policy/Member Number: _____

Emergency Contact: _____ Ph: () _____

**PLEASE RETURN FORM WITH \$20 REGISTRATION FEE BY Feb. 20th TO
DYE Registration**

**Episcopal Center
1730 Clifton Place, Suite 201
Minneapolis, MN 55403-3242**

Checks Should Be Made Out To: Episcopal Diocese of Minnesota

Please contact Alison Feigh with any questions or concerns at (651) 429-5351.

**Permission form for Senior High Diocesan Youth Event
Friday, February 27th at 6pm – Sunday, February 29th at 11am**

I/we, the parent/guardian of _____, understand that s/he will be participating in the Episcopal Youth Event Weekend through St. John in the Wilderness Episcopal Church on Feb. 27th-29th. I/we understand that all reasonable safeguards will be taken but that St. John in the Wilderness Episcopal Church, the Episcopal Diocese of Minnesota, and the leaders of this event are not responsible for accidental injury. In case of medical emergency, I/we hereby authorize and consent to, in advance of any specific diagnosis, the rendering of care and/or treatment deemed advisable in the best judgment of licensed medical personnel.

Parent/Guardian Signature: _____ Date: _____

Youth Covenant

As a participant in the Diocesan Youth Event I agree to abide by the following guidelines.

- I agree not to bring or use tobacco, alcohol, or illegal drugs.
- I will respect the needs and property of others.
- I will not participate in any violent behavior or inappropriate sexual behavior.
- I will be present for the entire event or program and participate in all scheduled activities, unless arrangements are made in advance.
- I will respect the adult leaders and all other participants, treating each person as I would want to be treated.
- I understand that if I make bad choices that put myself or other participants in any danger, my parents will be contacted and may be asked to come and pick me up early from the event.

Youth's Signature _____ **Date** _____