

Adult Leader Application

Diocese of Springfield

PLEASE PRINT OR TYPE!

Registration Deadline: Jul 26, 2008

This form is to be completed by any adult attending any youth event sponsored by the Episcopal Diocese of Springfield. A new form is required for each event.

EVENT: NEW BEGINNINGS #22, Aug 15-17, Lake Springfield Baptist Camp, Springfield IL

NAME: _____ **B-DAY:** _____ **SEX:** M F

ADDRESS: _____ **PHONE:** _____

CITY: _____ **STATE/ZIP:** _____

Email: _____

PARISH: _____

In Case of Emergency, Contact: _____

INSURANCE CO.: _____ **POLICY #:** _____

HEALTH CONCERNS (medication, allergies, surgeries)?:

THE COST FOR A NEW BEGINNINGS WEEKEND IS \$60. Please make checks payable to "Diocese of Springfield- Youth." Fee is due with this application. For those needing scholarships, please contact NB Coordinators, Bob and Sue Vaughn at 618-624-1909.

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Please read and sign this statement.

I have never been charged or convicted of sexual misconduct or abuse.

I understand the general guidelines of behavior: that NO alcohol, illegal drugs, tobacco or sexual misconduct will be permitted at the event. I will assume my transportation costs if problems occur at this event. I understand that accomplishing Diocese of Springfield Sexual Abuse Awareness Training is a prerequisite to serving as a leader in youth ministries.

To the best of my knowledge, I am doing my best to pattern my live in accordance with the teachings of Christ, striving in all things to be a wholesome example and do not live a life-style that is an affront to the gospel.

PARTICIPANT'S
SIGNATURE:

DATE: _____

MANDATORY TEAM MEETING: July 26, 2008 , 2:30- 5:00 pm, Place to be announced.