

Youth Leader Application

Diocese of Springfield

PLEASE PRINT OR TYPE!

Registration Deadline: Jul 10, 2010

EVENT: NEW BEGINNINGS #526, July 23-25, 2010, Camp Wartburg, Waterloo, IL

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

ADDRESS: _____ **PHONE:** _____

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

PARISH: _____

DAY PHONE, MOTHER: _____ **FATHER:** _____

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

HEALTH CONCERNS (medication, allergies, surgeries)?

THE COST FOR A NEW BEGINNINGS WEEKEND IS \$65. Please make checks payable to "Diocese of Springfield- Youth". Fee is due with the application.

● I hereby give permission to this youth to attend and participate in activities sponsored by the Dept. of Youth Work of the Episcopal Diocese of Springfield, 821 S. Second St., Springfield, IL 62704; Tel: (217) 525-1876.

● I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization.

● I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event.

● I understand the general guidelines of behavior: that the participant must respect and obey the instructions of the adult(s) in charge and that NO alcohol, illegal drugs, tobacco or sexual misconduct will be permitted at the event.

● I will assume all transportation costs for the youth if problems occur during this event. I will take no civil action or legal action against the adult(s) in charge of events of the Episcopal Diocese of Springfield for normal care of the minor in their charge.

SIGNATURES

PARTICIPANT: _____ **DATE:** _____

PARENT OR: _____ **DATE:** _____

LEGAL GUARDIAN

RECTOR/PASTOR _____ **DATE:** _____

PLEASE RETURN COMPLETED FORM TO: Bob and Sue Vaughn, 214 Fieldspring Ct., O'Fallon IL 62269

MANDATORY TEAM MEETING: Saturday, July 10th, 10am to 12:30 pm: Place TBD