



The Episcopal Diocese of Milwaukee

Happening #88

Community Covenant, Waivers and Health Form

EVERY person coming (adult & youth) must complete this form before coming to the Youth Event.

(* = Required Information)

Participant Information

I have already registered* on paper online

Name* _____ Age* _____

Parent and Emergency Contact Information

*If parents live at different addresses, list both. This is for emergency use only and we need it for adults and kids. We will not share or sell your information. *If there are special custodial arrangements, please notify us.*

Parent Name* _____

Home phone* _____ Cell Phone* _____

Additional Emergency contact *

(This should not be a parent & should have a car in case a participant needs to be picked up in an emergency)

In the event that the parent/guardian/primary contact cannot be reached, please notify:

Name* _____ Relationship to participant* _____

Home phone* _____ Cell Phone* _____

COMMUNITY AGREEMENT for ALL PARTICIPANTS *

I AGREE:

- 1) **NOT** to leave the event or grounds;
- 2) **NOT** to bring or use alcohol or any illegal drugs;
- 3) **NOT** to participate in any violent behavior, including the possession of weapons, excessive/aggressive swearing or language, kicking, hitting, etc.;
- 4) **NOT** to smoke or chew tobacco if under the age of 18. If I am of legal age and use tobacco, I agree to use it only in the designated area provided;
- 5) **TO** keep hands and all body parts to myself;
- 6) **TO** respect the needs and property of other participants and chaperones;
- 7) **TO** respect the property of the church and other facilities we use which includes not hanging on or climbing trees, no skateboarding, scooters or skates on the property and no destructive behavior;
- 8) **TO** follow direction and instruction and participate in community activities, including chores;
- 9) **TO** respect other people (no put-downs, bullying or teasing).

We, the undersigned, have carefully read and gone over the above rules with my child. We agree with the policy and agree to abide by the covenant. We understand that in the event that the participant is sent home for failure to follow rules, we will receive no refund. We understand these agreements are designed to provide a safe and supportive community at all events.

Participant Name (please print) _____

Signature of Participant _____ Date _____

(If under the age of 18):

Parent / Guardian Name (please print) _____

Signature of Parent / Guardian _____ Date _____

PARENT/GUARDIAN AUTHORIZATIONS *

I, _____, give full permission for my child, _____, to attend **The Diocese of Milwaukee's Happening Youth Event**; and to participate in all activities unless otherwise specified.

*I DO DO NOT give my permission for this minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while participating in sponsored events.

*I DO DO NOT give my permission for photographs or video footage of my child/myself to be used by the Diocese of Milwaukee for promotional purposes such as, but not limited to: brochures, website, DVD, etc. No names will be used.

*I DO DO NOT give my permission for my child's address, email & phone number to be included on a participant roster to be given to all participants so they can stay in touch with one another.

*Parent/Guardian Signature _____ Date _____

Medical Release*

I authorize an adult, in whose care the minor has been entrusted, to consent to X-ray exams, anesthetic, medical, surgical or dental diagnosis and 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 of the State of Wisconsin if there is insufficient time or inability to contact me. 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 minor pursuant to the authorization.

Insurance Company: _____ *→ Note: Please attach a copy of your insurance card.*
Policy #: _____ Phone #: _____

Waiver of Liability *

I agree to hold the Diocese of Milwaukee and any associated agencies and persons free and waive my claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her youth event experience.

Parent/Guardian Signature _____ Date _____

HEALTH AND MEDICAL INFORMATION*

PLEASE FILL THIS IN AND MARK N/A IF IT DOES NOT APPLY TO YOUR CHILD.

Dietary needs/restrictions _____

Allergies/medical conditions _____

The following is a list of medications that my child will need to take while attending this event. (please attach a list if additional space is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

Name of Medication	Dose	When taken

I give permission for my child to receive the following over-the-counter medications from an adult sponsor:

Cough Drops	<input type="radio"/> Yes	<input type="radio"/> No	Mylanta	<input type="radio"/> Yes	<input type="radio"/> No
Ibuprofen	<input type="radio"/> Yes	<input type="radio"/> No	Tylenol	<input type="radio"/> Yes	<input type="radio"/> No

Return to: Happening, Diocese of Milwaukee, Rev. Shannon Kelly, 1001 University Ave., Madison, WI 53715

For more information please contact: The Rev. Shannon Kelly at 414-272-3028 x 114 or kelly@diomil.org.