



# ***Episcopal Diocese of Texas Happening (Adult) Application***



## **Guidelines & Information Sheet**

### **Who may attend?**

Any student in 10<sup>th</sup> - 12<sup>th</sup> grade may attend Happening. Adults who are involved in youth ministry are also encouraged to attend.

### **What is the Registration Policy?**

Happening operates on a first come first served basis. Completed (form & money) applications are accepted in the order they are received until the Happening is full and/or the deadline date is reached. Any incomplete applications received after the Happening is full or after the deadline will be returned and must be re-submitted for a future Happening.

### **What is the Registration Procedure?**

- Complete the application (must have a youth minister or priest signature) – please make sure to also provide an email address and/or phone number for them.
- Send **ONLY** the application and keep this page for quick reference.
- Mail form with **\$65.00** fee to: ***Happening Registrar  
Andrea LaMore  
23007 Lodge Meadows Drive  
Katy, Texas 77494***
- You can also pre-order the current Happening t-shirt for an additional **\$10.00** and it will be given to you during the weekend. This can be added to your registration fee.

***Please make checks payable to: Happening***

### **What if I cancel?**

If you call at least two weeks prior to Happening, we will refund your registration fee minus a \$25.00 processing fee. If you do not call and cancel, there is no refund.

### **What if I need a scholarship?**

If you need a scholarship to attend Happening, please write “scholarship needed” at the top of the application. The Diocese of Texas will pay 1/3 of the registration fee (\$22) or you may contact Ewart Jones, at [ejones@epicenter.org](mailto:ejones@epicenter.org) should you need any further assistance.

### **Where and When are the Happenings?**

Happenings take place four times a year at Camp Allen – Campsite 3. The weekend begins on Friday evening at 7 p.m. We cannot start without you! Happening is over Sunday evening after closing Eucharist. All Happeners must stay the entire weekend.

- #128 August 28-30, 2009 (\*\*deadline Aug 14<sup>th</sup>)
- #129 November 20-22, 2009 (\*\*deadline Nov 6<sup>th</sup>)
- #130 January 22-24, 2010 (\*\*deadline Jan 8<sup>th</sup>)
- #131 April 23-25, 2010 (\*\*deadline April 9<sup>th</sup>)



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Name: \_\_\_\_\_ M or F \_\_\_\_\_ What you go by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

H) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  Vegetarian?  Food Allergy? \_\_\_\_\_

Email: \_\_\_\_\_

**\*\*Confirmation will be sent via email, if available\*\***

**Yes I would like to purchase a t-shirt (\$10) Size: S M L XL**

**#128 August 28-30, 2009 (\*\*deadline Aug 14<sup>th</sup>)**

**#130 January 22-24, 2010 (\*\*deadline Jan 8<sup>th</sup>)**

**#129 November 20-22, 2009 (\*\*deadline Nov 6<sup>th</sup>)**

**#131 April 23-25, 2010 (\*\*deadline April 9<sup>th</sup>)**

**\*\* Until weekend is full, applications will be accepted after the deadline – contact the registrar.**

**This form must be signed by a Youth Minister or Priest to be accepted**

Youth Minister/Priest Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Church/City: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

I/my child, \_\_\_\_\_, has my permission to attend and to participate in Happening, to be held at Camp Allen in Navasota, TX sponsored by the Episcopal Diocese of 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 Texas and the Diocese of 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.)** **\*\*IMPORTANT - ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD\*\***

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Date \_\_\_\_\_

Health Carrier/Policy#/Group # \_\_\_\_\_

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)**

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** \_\_\_\_\_

Emergency Contact and Phone # \_\_\_\_\_

**Please mail to:**  
**Happening Registrar**  
C/O Andrea LaMore  
23007 Lodge Meadows Drive  
Katy, Texas 77494

Sponsored by the Division of Youth Ministries  
Episcopal Diocese of Texas  
[www.epicenter.org](http://www.epicenter.org)  
[www.happeningtexas.org](http://www.happeningtexas.org)  
Rev. 5/09



# Episcopal Diocese of Texas Happening (Adult) Application

- Continued -



Name: \_\_\_\_\_

While adults are encouraged (and needed) to participate in Happening, participation comes with the expectation that you will be involved in the Happening program beyond your initial weekend. Please take this into consideration when completing this application. Adult volunteers are essential in the Happening ministry and your continued support will be invaluable.

Adults participating in Happening must have background checks completed AND have completed the "Safeguarding God's Children" course. Please consult your clergy about the completion of these requirements.

Have you had a background check completed by your church?  Yes  No  
Have you completed "Safeguarding God's Children"?  Yes  No

Briefly describe, in the space below, why you are interested in attending Happening.

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