

Advent Event 2009: Conspiracy Theory A Diocesan Youth Event at St. John's Cathedral



Advent Event
2009
Diocese of Florida

This is a new diocesan event that will give diocesan youth in 9th - 12th grades a chance to celebrate the season of Advent with other diocesan youth. There will be fun, games, live music, community service, and worship. Do not miss this incredible event! **Youth need to bring a sleeping bag and pillow, a change of clothes, basic toiletries, guys- a 2 liter soda or gallon of water, girls – a bag of chips or candy.**



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This will all happen at St. John's Cathedral,
256 E. Church St., Jacksonville, Florida, 32202.

Parents: Need more info? Contact Quinn Parman, Youth Director, St. John's Cathedral at (904) 545 - 1688 or at qparman@saintjohnscathedral.org

Youth Leaders: You must send one adult if you send any youth and you must send one adult for every seven youth

EVENT	DATES	DEADLINE	COST	AGES
Advent Event	December 4, 7 PM - December 5, 3 PM	November 11	\$20.00	Grades 9-12

Registration Application

↻ Each arrow represents a place where a signature is required **before** mailing the application.

Name: _____ (Go By) _____

T-Shirt Size: [S] [M] [L] [XL] [XXL] Birthdate: _____ Gender: _

Mailing Address: _____
Street/Apt. # _____ City _____

Zip _____ Phone:(____) _____ E-mail Address: _____

Name of school you attend: _____ Grade in School: _____

Name of Church where you worship: _____ City: _____

Parent's Names: _____

Parent's Mailing Address: _____
Street/Apt. # _____ City _____ Zip _____

Please obtain your Youth Leader's (if you have one) and Clergy signature of support :

↻ Youth Leaders's Signature: _____ Church: _____

↻ Clergy Signature: _____ Church: _____

All Youth Events in the Diocese of Florida have a community standard of behavior. By signing below, you agree to live by the following guidelines for the duration of the youth event:

- All participants are expected to fully participate in and to be present for the entire event. If any participants are unable to attend a portion of the event their parent/guardian must contact the registrar, Tiffany LaMotte, at (386) 299-9153 or via email at tiffany.lamotte@gmail.com
- Activities after leaving St. John's Cathedral on Saturday are not the responsibility of the Diocese of Florida or St. John's Cathedral.
- There will be no smoking during the event.
- No alcohol, illegal drugs, weapons, fireworks, or explosives are allowed. Nor will there be any sexual misconduct.

☞ _____ I agree to live by these standards for this youth event, (Participant Signature)

All Parents/Guardians must acknowledge their child's consent to the above community standards. By signing below they agree that their child will abide by the standards and agree that if they are breeched they are responsible for providing immediate transportation home from the event:

☞ _____ I agree to the above statement (Parent Signature)

MEDICAL INFORMATION & RELEASE:

Please list any conditions you have that may be of concern (mobility impairments, past serious illnesses, etc.)

Please list any medications you are presently taking (**Be sure to bring with you**): _____

_____ Do you need assistance with medication? _____

Any dietary concerns (are you a vegetarian?) _____

Forms do NOT need to be notarized

I hereby release and authorize the adult leaders of this event to take necessary actions to procure medical assistance for (my child)(me) should it become needed. I give permission to the medical personnel selected by the adult leaders to order X-rays, tests, treatment and to provide for necessary related transportation for (my child)(me). In the event of an emergency, I hereby give permission to the physician selected by the adult leaders to secure and administer treatment, including hospitalization for the person named above.

☞ _____
Signature of parent, guardian, or adult participant *Date*

Emergency contact: _____ Phone #: _____

Emergency contact: _____ Phone #: _____

Participant's insurance Company, policy and number:(please include Group # and ID # if applicable):

Any Allergies to food, medicine or environment: _____

Do adult leaders have permission to dispense tylenol, aspirin, pepto-bismol, or other over the counter medicines?

Are there any medicines you do not wish your child to take? _____

Family Doctor's Name and phone: _____

Any additional information about participants' behavior, physical, emotional, or mental health, or any restrictions on activity: _____

All checks made payable to: St. John's Cathedral (Please note event name on check)

Registrations will be taken on a first come basis. Your application and check ensure registration for this event unless you are an adult chaperone who has not completed the Child Abuse Prevention course required prior to attending. There is also a \$25.00 fee for all returned checks.

Everyone over 18 on the weekend must take the Child Sexual Abuse Prevention class.

Have you completed the Child Sexual Abuse Prevention class? Yes _____ No _____

All Applications should be sent to:

Quinn Parman
256 E Church St.
Jacksonville, FL 32202

Phone: 905-545-1688
Fax: 904-798-9473
E-mail: qparman@saintjohnscathedral.org