

Are there any physical, emotional, or mental reasons that could prevent full participation in the program?

No Yes If yes, please attach details.

Does the participant have allergic reactions to drugs, food, insect stings, etc.? If so, list, giving type of reaction, treatment given, etc.:

No Yes If yes, please attach details.

Is the reaction life-threatening? No Yes

Are there any chronic conditions or recent illnesses of which we should be aware?

No Yes If yes, please attach details.

Will the participant have over the counter or prescription medications? No Yes

Please Note: All medications must be brought in the original packaging with dosage instructions and labeled with participant's name. At registration, medications are given to the first aid provider for storage. The first aider will supervise the self-administration of medication by participants according to instructions provided. Participants must be willing to take their own medication. **No one will be given medication that is not provided by parents/guardians. If the participant takes medication for headaches, minor aches and pain, it must be in the original package.**



I recognize that by being a participant at the Diocesan Youth Conference (DYC) my photograph and/or video image may be taken and used for DYC promotion purposes.

Believing that I am a part of the whole people of God at the Diocesan Youth Conference, I covenant to be responsible in my actions, abide by the community guidelines, and be open in mind and heart to the teachings and leadings of the Holy Spirit. I covenant to live mindful of God's spirit and creation.

Signature of Participant

Signature of Parent/Guardian if participant is a minor

To be completed for youth and adult participants:

Anticipating that DYC will be an important faith experience, we pledge our prayers and support for you as a member of our Parish and we look forward to hearing from you on your return!

Signature of Rector or Parish Warden

Calling all youth in grades 7-12 to the 8th Annual

Diocesan

Youth

Conference 2010



6 pm Friday, November 12th
to 1 pm Sunday, November 14th
at Christ Church, Dartmouth

www.christchurchdartmouth.ns.ca

Looking for a place to be supported in your faith?

Wondering what God has to say to DYC and where we will go from here?

Ready to help the church fulfill God's mission in the world?

Then plan to join us at DYC and share worship, conversation and lots of fun with youth from around the Diocese of Nova Scotia and PEI!





...appropriate clothes for inside and outside activities and for Sunday worship, rain jacket or umbrella, swim suit and towel, Bible, note pad and pen, sleeping bag, single air mattress, warm pyjamas, toiletries, musical instrument, flashlight. **Cell phones, mp3 players, etc., may not be used during sessions. Security of these is at your risk.**

A special note to our leaders! Thank you for volunteering your time. Please be aware that there is a meeting from 10 am to 3 pm on Saturday, October 16th, at Christ Church, Dartmouth for all adults. Police Record Checks will be accepted up until that meeting. (You may not serve without one.) If you are not sure if your PRC is current, email youth@nspeidiocese.ca to find out. Looking forward to a great weekend!

For more information contact:

Rev. Brianna Andrews
 Diocesan Youth Conference Director
 902-597-2143 bmhutchinson@eastlink.ca
 or
 Susan Naylor
 Youth Ministry Coordinator
 902-488-0717 youth@nspeidiocese.ca

Check out the Facebook event at DYC 2010.

To register, mail completed form and a cheque for \$75 (adults accompanying youth from their parish pay \$25) to:

Diocesan Youth Conference
 6017 Quinpool Road, Halifax, NS B3K 5K6
by October 20, 2010

**DYC 2010 Registration Form
 for Youth and Adult Participants**

Full Name of Participant: _____

Male Female

Grade: ____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____

E-mail: _____

Confirmation of registration will be sent to this address.

T-shirt size (adult sizes): S M L XL

This is my first DYC, please reserve a new DYC water bottle for me.

I have been to DYC before and will bring my water bottle.

Please include me in the youth ministry leadership training that is planned

Name of Parish: _____

My Youth Leader is: _____

Worship Participation

I offer to serve in worship times by:

- Reading Scripture
- Administering Elements
- Leading the Prayers of the People
- Serving at the Altar
- Playing in the Band contact Jen: schwartz_jen@hotmail.com

**Medical and Contact Information
 for Youth and Adult Participants**

Name of Parent(s) and/or Guardian(s): _____

Contact info. during the event – home phone/cell phone, etc.

If you are unavailable in an emergency, notify:

Name: _____

Home Phone: _____

Business/Cellular Phone: _____

Relationship: _____

I hereby authorize the adults responsible for the event to secure such medical advice and services as may be deemed necessary for the health and safety of my child or ward in the event of an emergency. I agree to accept financial responsibility in excess of the benefits allowed by Provincial Health Insurance Plans.

Signature of parent or guardian _____

Print Name _____ Date _____

Family Doctor: _____

Location: _____

Dr. Phone # : _____

Health Ins. #: _____

Other Ins. Name & # : _____

Date of last tetanus shot: _____