

# Happening Five

## Diocese of Central Pennsylvania

Registration is now open for the next Happening retreat **HAPPENING # 5**

**When?** February 17-18-19.

**Where?** Camp Mt. Luther in CPA

**Cost:** Happener Tuition is \$135

*The Diocese of Delaware will pay 1/3 of the cost,  
We encourage parishes to pay 1/3  
and for the Happener's Family to pay 1/3*

**Arrival:** Registration is at 6pm on Friday 2/17

**Departure :** Closing Eucharist will be at 1pm on 2/19

**Transportation:** Teri will get your students out to Camp Mt Luther – we will organize departure times and locations based on who from the Diocese is coming along.

Happening is a powerful retreat organized by and for spiritually ready teens in grades 9-12, in which participants experience the risen Christ in the midst of an enthusiastic community of their peers. It has been a significant and in some cases life-changing event in the lives of many of the teens in our parish and of the Diocese of Central PA.

For the February Happening, teens must be in grades 9-12. This retreat is located in the beautiful mountains surrounding Mifflinburg PA. For more information check out the web information for Camp Mt. Luther <http://www.campmountluther.org/>

**Any Questions, and for more information please contact:**

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# Happening # 5 – February 17-18-19

## Happener Registration Form

You are invited to register for Happening #5 - a most amazing experience!

**Please send your registration form and check to:**

**Happening # 5 Registration Teri Valente 35143 Homestead Way Lewes, DE 19958**

**Rates and Deadlines:**

**\$135 – DE will cover 1/3, Your Church and Family are responsible for \$90**

**Teri MUST have your registration by February 7<sup>th</sup>**

**Please complete the following information: (please print all information)**

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Gender: M / F Grade Level \_\_\_\_\_ Birth date \_\_\_\_\_ T Shirt size \_\_\_\_\_

Youth E-mail Address: (optional) \_\_\_\_\_

Parish Name & Location: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone (Day) : \_\_\_\_\_ (Evening/Cell) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_

Special Diet or Medical Needs \_\_\_\_\_

*In case of an emergency, I authorize any medical care deemed necessary by an accredited physician, nurse, paramedic, or hospital while my child is involved in this diocesan activity*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

DE will pay \$45 My church will pay \$ \_\_\_\_\_ I will pay \$ \_\_\_\_\_

**The following needs to be completed by your Rector, Vicar or Priest-in-Charge:**

I have known this youth for \_\_\_\_\_ years and feel that they would benefit from the Happening Experience.

Clergy Signature: \_\_\_\_\_



**2012 YOUTH EVENTS DIOCESE OF CENTRAL PA**  
**MEDICAL RELEASE/COMMUNITY LIFE COVENANT FORM**  
**This form must be completed for each participant, youth and adult, and signed on both sides.**  
**Parents of youth participants must sign as well.**

*Please Note: All information given is confidential and is not distributed to unauthorized personnel.*

**EVENT: HAPPENING # 5**  
**February 17-19, 2012 – Camp Mount Luther, Mifflinburg, PA**

**Please Print All Information**

Name of Participant: \_\_\_\_\_ Male ( ) Female ( )

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Group #: \_\_\_\_\_ Plan #: \_\_\_\_\_

***Parents or Guardians should complete the following Medical Information and Release:***

1. Any health problems the staff should know about

\_\_\_\_\_

2. Any allergies: \_\_\_\_\_

3. Any dietary restrictions: \_\_\_\_\_

4. Any prescribed medications to be taken during the event:

- a. Provide name of medicine, dosage, and frequency if not listed on medication
- b. Please provide a sufficient supply for the period of this event

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Emergency contact during event (if other than above):

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship: \_\_\_\_\_ 2nd Phone (if applicable): ( ) \_\_\_\_\_



In case of a medical emergency, I permit the diocesan staff and/or adult supervisors to obtain or authorize emergency medical/dental treatment for my child. I further authorize the medical personnel selected by the diocesan staff and/or adult supervisors to administer such emergency treatment, including injections, anesthesia, or surgery as they deem necessary. I understand I will be notified of this emergency as soon as possible.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMMUNITY LIFE STANDARDS FOR DIOCESAN YOUTH EVENTS

1. Illegal use of drugs, tobacco products and alcohol is strictly prohibited during the event.
2. There will be set curfew at the events. Participants are expected to abide by curfew times and rules as defined at the event. Everyone will be expected to attend the entire event and participate in all scheduled activities.
3. No visitors allowed during youth events. A visitor is defined as a person, who is unexpected, not registered, and/or does not contribute to the conference.
4. No one leaves the site of the event without the permission of the adult in charge of the event.
5. Youth may not drive participants (other youth) during youth events. All drivers during youth events must be on the program team and must be 25 years of age or older.
6. The diocese does not provide transportation to and from youth events unless otherwise stated for a specific event. All transportation arrangements are to be made with parental permission. Youth planning to travel away from an event with a youth driver, other than who they arrived with, need to have written permission from their parent(s).
7. Visiting in defined sleeping areas by members of the opposite sex is prohibited. All meetings of friends of the opposite sex will occur in designated community areas.
8. Public displays of affection, that are a distraction from participation in the event, will not be allowed.
9. Offensive language and offensive conversation is prohibited.

**Expectations:** Participants will seek and serve God in all things, loving thy neighbor as thyself; will accept responsibility for their own behavior and property; will respect the feelings, beliefs and property of others; will participate actively in all activities; will listen to and respect the staff and adult chaperones and obey all rules.

**A warning will be given for breaking the rules about:**

- CURFEW
- PUBLIC DISPLAYS OF AFFECTION
- PARTICIPATION IN THE EVENT
- LANGUAGE

**A youth will be sent home immediately for breaking the rules below:**

- ILLEGAL USE OF DRUGS
- ALCOHOL OR TOBACCO PRODUCTS
- LEAVING THE CONFERENCE SITE
- BEING IN THE SAME BEDROOM OR SLEEPING AREA OF A MEMBER OF THE OPPOSITE SEX
- LEAVING THE SITE OF THE EVENT WITHOUT PERMISSION

The adult in charge of the event will make all decisions concerning sending anyone home. If a youth is to be sent home, it will be the responsibility of his/her parents or an adult designated by a parent to pick up the child as soon as possible. If a youth is asked to leave, he/she may not attend Diocesan events for a period of one year.

*I have read and hereby agree to abide by all rules of this event. I also fully understand the consequences if a rule is broken.*

YOUTH PARTICIPANT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADULT PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARISH: \_\_\_\_\_



# DIOCESE OF CENTRAL PENNSYLVANIA RELEASE AGREEMENT

Dear Parents and Guardians,

We want to inform you of our safety precautions at our diocesan youth events. Your youth will be required by our staff to wear safety equipment for activities requiring such protective gear.

Even with safety equipment and our competent staff present, we want you to realize that any recreational activity has inherent dangers that no amount of care, caution, instruction, or expertise can totally eliminate.

**IT IS IMPORTANT THAT THIS FORM IS FILLED OUT, SIGNED AND DATED BY THE PARENT OR GUARDIAN OF THE YOUTH. YOUR YOUTH WILL NOT BE PERMITTED TO ATTEND THE EVENT UNLESS WE HAVE RECEIVED ALL FORMS.**

- In signing this document, I hereby certify that I give permission to my son or daughter to participate in the Diocesan youth events.
- I understand that pictures and videos are taken at these events. Unless otherwise indicated, I hereby give permission for the use of such pictures and videos of my youth for the promotion of diocesan youth events. Pictures may be posted on Diocesan website. Initial here \_\_\_\_\_ if permission is not granted.
- In addition, I give permission for my son or daughter to be transported in approved vehicles for event activities, as well as transportation to and from medical facilities if necessary.
- I hereby agree by execution of this document to release the Diocese of Central Pennsylvania, the staff, and all others acting for or on behalf of the Diocese of Central Pennsylvania from all liability whatsoever, for personal injury, or damages to property, real or personal, caused by, or arising out of attending the events and other activities sponsored by the Diocese of Central Pennsylvania.

Event: *Happening #5*

Youth Name \_\_\_\_\_

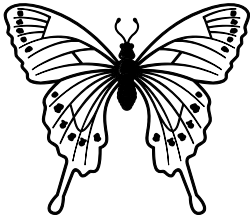
Parent/Guardian Name

(print): \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name

(signature) \_\_\_\_\_ Date \_\_\_\_\_





# Happening Five

## **Packing List:**

Sleeping Bag  
Comfortable Clothes  
Open Mind  
Any Musical Instrument You Play  
A Good Appetite  
Any Medications You Take (in their original, labeled container)  
Toiletries  
Towel (showers available)  
Pillow  
Any Instruments You Play

## **Please Leave at Home:**

School books  
Homework  
Preconceived ideas  
Hang-ups  
Unfriendly attitudes  
Formal "church" clothes  
Cell phones  
Alcoholic beverages  
Drugs  
Cigarettes  
Items prohibited by the Community Covenant  
Your chores  
Pets  
Portable music/video/gaming devices  
Watches/clocks of any kind  
Your fears

