

# Happening

an event for all high schoolers



Happening is for high schoolers and led by high schoolers. It is one of the “biggest and best” youth events we do in the Diocese of West Missouri.

At Happening, you will participate in small group discussions, laugh, listen to talks given by your peers, and enjoy a number of original activities. Happening also features unique worship services designed by other teenagers. Come to Happening and hear sermons given by other youth, sing contemporary music and experience Church in a whole new way.

If you are a current high school student looking to have an incredible experience full of good music, interesting discussions, and new friends, then Happening is for you. You don't need to be Episcopalian; you don't need to believe in God. We just ask that you have an open mind.

## Who may attend?

*Participants:* Any baptized Christian in 9-12th grade may attend Happening. Adults who are involved in youth ministry are also encouraged to attend. *Staff:* Youth and adults who have previously attended Happening are welcomed and encouraged to send in an application to staff.

## Where and when are the Happenings?

Happenings take place two times a year at parishes within our diocese. Every effort is made to consistently offer Happening opportunities on the first weekend in March and the last weekend in September. The weekend begins on Friday evening at 6 p.m. We cannot start without you! Happening is over Sunday afternoon at 5 p.m. after the closing Eucharist. To fully experience Happening we ask that all participants and staff stay throughout the entire weekend.

## What is the cost?

*Participant fee* is \$50. *Staff fee* is \$25. Fees cover all meals and a t-shirt.

## How do I register?

*Participants:* Happening operates on a first come—first served basis. Completed applications forms and registration fees are accepted in the order they are received until the Happening is full, and/or the deadline date is reached.

*Staff:* Youth and adults must send in a completed staff application to either the registrar or upcoming rector.

Mail completed applications, Emergency Contact forms, and registration fees to:

Happening Registrar, Kim Snodgrass

P.O. Box 596, Carthage, MO 64836

*Note: Please make checks payable to Diocese of West Missouri, Memo: Happening.*

## What if I need a Scholarship?

If you need a scholarship to attend Happening, please contact Kim Snodgrass, Happening Registrar at (417) 793-0780.

# PARTICIPANT APPLICATION



## in the Diocese of West Missouri

The purpose of the Happening is to be one of the instruments **within the Anglican Tradition** to renew the Christian Church in the power of the Holy Spirit, in order that the Church may respond more readily to its call to spread the Kingdom of God throughout the world.

Name: \_\_\_\_\_  
*First Last*

Gender: M F

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

Email: \_\_\_\_\_ Vegetarian: Yes No T-Shirt Size: S M L XL XXL Other \_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ Home Parish: \_\_\_\_\_  
*Home Cell*

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Parent/Guardian Work Phone: ( ) \_\_\_\_\_ Parent/Guardian Cell Phone: ( ) \_\_\_\_\_

### Please indicate which Happening you are applying for:

*(If the Happening is full, we will return your money and you can reapply for the next Happening you wish to attend)*

#61 – March 5-7, 2010  
Grace Church, Carthage

#62 – November 19-21  
TBA

**\*Note:** A complete registration application received after the close date will be accepted only if space is available on a 1<sup>st</sup> Come – 1<sup>st</sup> Served” basis. You will receive a letter confirming your attendance and including specific details to help you prepare for the weekend.

**\*Note: This form must also be signed below by your parish priest or youth leader**

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

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

### Adult Happeners Only:

Years involved in Youth Ministry \_\_\_\_\_

Have you completed the Diocese of West Missouri Sexual Misconduct Prevention Training? Yes No

**Parent/Guardian Permission:**

The above named person has my permission to attend and participate in the above named activity/event sponsored by the Diocese of West Missouri. My child will be supervised by adult sponsors of this activity, and reasonable care and precautions can be expected at all times.

*I represent and agree as follows:* that my child is healthy and fully capable of participation in said event without causing major risk or danger, illness, or accident to himself or herself or to others.

*I acknowledge* that I have read the information pertaining to this event especially the Community Covenant below and have discussed it with my child. I agree that should my child break the rules of the Community Covenant and/or of the event staff, then I will be responsible for removing my child from this event.

*I release* the Episcopal Diocese of West Missouri to record my child's likeness, via still photo, video, and/or audio recording, to be used for the sole purpose of promoting diocesan youth events. I understand that these images may be published in the West Missouri Spirit, in pamphlets and brochures, and on the diocesan website, and I waive all rights for compensation.

**Community Covenant:**

I recognize that by choosing to attend this event I am choosing to follow all ground rules of the Community Covenant either stated here or at the event. I understand Covenant rules are non-negotiable. While at this event, I will try to the best of my ability to follow Jesus' command to love my neighbor as myself. Thus, I will: Respect the other participants and their property; Respect whoever is speaking; Respect the adult leaders; Respect the event staff; And Respect the people that I will be encountering at the event. I agree to remain with the group during activities. I agree to not commit acts of theft or violence. I will always behave in a manner that is conducive to loving and building others up. I agree not to use or possess any tobacco, alcohol, drugs, or weapons while at this event. The Book of Common Prayer says that one of our duties to our neighbors is to "use all our bodily desires as God intended" (p. 848). At this event we will be participating in activities that will lead to fellowship in, and bonding as the Body of Christ. I accept that sexual activity is always prohibited. I realize that my choosing to break any of these ground rules or ones stated at the event will result in consequences that will consist of my parents being notified, and if significant enough, being sent home at the expense of my parents.

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

Date: \_\_\_\_\_

Youth Participant Signature: \_\_\_\_\_

The Diocese of West Missouri Emergency Contact Form must also be completed and mailed with this application.

**Please mail your registration form and fee to:**

Kim Snodgrass, Happening Registrar

P.O. Box 596

Carthage, MO 64836

For more information, please contact Kim at 417-793-0780

**Make checks payable to:** Diocese of West Missouri **Memo:** Happening # \_\_\_\_\_

**Diocese of West Missouri  
EPISCOPAL YOUTH MINISTRY  
Emergency Contact Information**

In the event of a medical or other emergency, it is important that we be able to reach you as quickly as possible. Please list emergency contact people, beginning with parents and legal guardians, in the order we should attempt to contact them, and all phone numbers where they might be reached.

All information contained on this form will be kept strictly confidential, and shared with adult volunteers and medical personnel only as necessary for safety.

<b><i>PARTICIPANT</i></b>	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Sex: M F</b>	<b>Social Security Number:</b>
<b><i>EMERGENCY CONTACT INFORMATION</i></b>	
<b>Name:</b>	<b>Phone # (home)</b>
<b>Relationship to Participant:</b>	<b>Phone # (work)</b>
	<b>Phone # (cell)</b>
<b><i>IF PARENTS CANNOT BE REACHED</i></b>	
<b>Emergency Contact 2:</b>	<b>Phone #:</b>
<b>Emergency Contact 3:</b>	<b>Phone #:</b>

**MEDICAL AID CONSENT FORM AND WAIVER**

In the event my/our child becomes ill or is injured, I/we hereby give my/our consent to the bearer of this form to present it to competent medical, paramedical, hospital, or hospital emergency room personnel. I/we also give consent that my/our child receive such medical care and/or treatment as the bearer of this form and the above named healthcare personnel may find necessary as a result of any illness, accident or medical emergency. If after such treatment (if required) is administered, it is the opinion of any of the aforementioned healthcare personnel that said child does not require hospitalization, he/she may be released to the bearer of this form.

In consideration of allowing my/our child to attend and participate in the Happening Event, I/we on behalf of myself/ourselves and on behalf of said child do hereby release and discharge The Episcopal Diocese, of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and the Happening Event, of any and all known or unknown damages, injuries, losses, judgments and/or claims from any cause whatsoever that may arise in connection with my/our child's participation in said volunteer program. Further, I/we do hereby agree to indemnify and hold forever harmless The Episcopal Diocese of West Missouri, its vestry, officers, ministers, staff, employees and agents, and anyone else connected with said church and the Happening Event against any loss, expense or judgment said church or he/she may suffer or incur as a result of any claim or action that may be made or brought by or on behalf of my/our child in connection with or arising out of or suffered during his/her participation in said volunteer program.

Parent(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is the Participant taking any medication on a regular and ongoing basis? (If yes, please list with dosage and times to be taken.)

Medications:	Dosage:	Time to be taken:

