

FISH TEAM APPLICATION – PAGE 1 OF 2

For questions contact Co-Rectoras, Jocelyn Katzakian at 916-934-9992(cell)/e-mail snoboardchick130@yahoo.com or Sydney Six at 530-554-0340 (cell)/e-mail its.sydney6@gmail.com or Janie Shepard, FISH Coordinator at 916-685-6709 e-mail jkshep@frontiernet.net

Print legibly

Name: _____ Date of Birth: _____ Sex: M F

Grade: Fr. Soph. Jr. Sr. High School, or College Freshman attending _____

T-shirt size: S M L XL 2XL 3XL 4XL

Address: _____
Street City/State Zip Code

Phone Number(s): Home _____ Cell _____ Email Address: _____

Parent/Legal Guardian's Name: _____ Work phone # _____

Parent's address if different than above _____

Church you are attending regularly _____ City _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Why do you want to be on this Team?
2. Are you comfortable sharing your faith with other teens?
3. How are you actively working on continuing your faith i.e. –going to church, going to youth group, etc.
4. What are you hoping to get out of or give to this FISH weekend as a team member?
5. Please check which team you would prefer to be on and why. The core team will decide what team you will be placed in and therefore you may not be placed in the team that you have indicated.

Wheat team (behind the scenes: does dramas, organizes wheat, sets up and decorates for meals) _____

Talk Team (co-facilitates a small group, may give a talk) _____

Music Team (plays instrument and leads us in singing) _____

6. Would you possibly want to give a talk? If yes, why?

FOR PARISH CLERGY PERSON AND YOUTH GROUP LEADER TO SIGN:

I recommend this applicant to be on the FISH Team. He or she is an active member at our church.

Clergy Person signature

Youth Group Leader signature (if applicable)

FOR YOU:

This TEAM believes in 100% commitment from its members. The team meeting dates listed on the second page of this application are **MANDATORY!** I agree to attend all the team meetings listed below. I understand that by attending a Faith Church Youth Event, I am asked to refrain from drugs, including alcohol and tobacco, during the event.

Signed _____ Date _____

TEAM FEE: \$40 CHECKS MADE PAYABLE TO: FAITH EC

FISH TEAM APPLICATION – PAGE 2 OF 2
Medical Information/Parent Permission

For questions contact Co-Rectoras, Jocelyn Katzakian at 916-934-9992(cell)/e-mail snoboardchick130@yahoo.com or Sydney Six at 530-554-0340 (cell)/e-mail its.sydney6@gmail.com or Janie Shepard, FISH Coordinator at 916-685-6709 e-mail jkshep@frontiernet.net

Name _____
Family Health Insurance _____ Policy # _____
Phone number: _____
Family doctor: _____ Phone # _____

Please be aware of my following medical conditions: _____
I am on the following medications: _____
I have the following food allergies/dietary restrictions/food preferences: _____

In case of an emergency please contact: _____ Phone # _____.

Parent Permission

I support and give my permission for my son or daughter to be on the FISH Team. I understand that as a Team member he or she is expected to attend all team meetings listed below. I agree to assist in getting transportation to and from the meetings and allowing him or her to go to all the meetings.

<u>Date</u>	<u>Time</u>	<u>Place</u>
1. Saturday, August 27 th	12 pm-4 pm	Faith EC-Cameron Park
2. Saturday, September 10 th	10 am-3 pm	Faith EC-Cameron Park
3. Friday-Saturday, September 23 rd -24 th (Mandatory Team Overnight)	5 pm-3 pm	Faith EC-Cameron Park
4. Saturday, October 8 th	12 pm-4 pm	Faith EC-Cameron Park
(The Actual Weekend) Friday-Sunday, October 21 st -23 rd	4 pm-6 pm	Faith EC-Cameron Park

I understand that if my son or daughter is showing evidence of having or using drugs, including alcohol or tobacco or demonstrating abusive or illicit sexual behavior, I will be contacted immediately and may be asked to pick him or her up from the event.

In the event of an emergency, I understand I will be contacted immediately. If I cannot be contacted immediately, I hereby give my consent to emergency first aid, medical examination and x-ray, anesthetic, medical, dental or surgical diagnosis treatment and care rendered by or under the general or special supervision of licensed medical personnel.

I agree to permit photos of my son or daughter taken during the event to be used in FISH publicity materials.

Print _____ Signature _____ Date _____
(Parent or Guardian)

Fill out Team Application with \$40 check made out to FAITH EC

Mail to:
Faith Episcopal Church
2200 Country Club Drive
Cameron Park, CA 95682
or FAX at 530-676-3754
or email jkshep@frontiernet.net