

FISH Candidate Application

Oct. 21st– 23rd at Faith Episcopal Church-Cameron Park

DEADLINE TO APPLY: Friday, October 7, 2011

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: _____ Date of Birth: _____

Age: ____ Grade: ____ High School _____ Sex: M F T-Shirt Size: S M L XL XXL

Address: _____

Street Name

City

Zip Code

Phone Number: () _____ Cell # _____ E-mail Address: _____

Church _____ City _____

Parent/Legal Guardian's Name(s): _____ Contact # () _____

Candidate Fee:\$40. Scholarships available if needed

PLEASE RESPOND TO THE FOLLOWING QUESTIONS: (USE THE BACK IF NEEDED)

How did you find out about FISH?

Why do you want to come to FISH?

Briefly describe your relationship with God and how you are working on it. (i.e. attending church, youth group,etc.)

Please have the appropriate people sign the lines below:

I understand that by attending FISH I am asked to abide by the Faith Church policies and refrain from using non-prescription drugs, alcohol, and tobacco during the event.

Applicant Signature: _____

I RECOMMEND THIS YOUTH FOR THE FISH WEEKEND:

Youth Group Leader(if applies): _____

Clergy Signature: _____

Medical Information

Name _____
Family Health Insurance _____ Policy # _____
Insurance Carrier's Phone number : _____
Family doctor: _____ Phone # _____

Please be aware of my son or daughter's medical conditions:

He or she is on the following medications: _____

He or she has the following food allergies/dietary restrictions/food preferences:

In case of an emergency, I can be reached at the following phone number during the FISH weekend:

Home _____ Work _____ Cell _____

Parent Permission for FISH

I support and give my permission for my son or daughter to attend a FISH weekend on October 21st–23rd Faith Episcopal Church in Cameron Park. I realize that I am responsible for getting him or her there on Friday evening and for picking him or her up on Sunday afternoon.

I also 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 church publicity materials.

Print _____
(Parent or Guardian)

Signature _____ Date _____

Please mail this application with a \$40 check (made out to FAITH EC) to:

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

THE DEADLINE TO SUBMIT ALL FORMS AND FEES IS October 7, 2011

Questions? Call Janie Shepard, FISH Coordinator @ 916-685-6709