

Deadline is Monday prior  
to weekend. E-mail  
registration to  
mmr392@gmail.com

## New Beginnings Adult Registration

To attend New Beginnings, this form (New Beginnings Adult Registration) must be completed, Community Contract must be signed, and \$65.00 must be paid. Payment and Community Contract may be delivered upon arrival to the weekend.

To be an Adult Sponsor or Team Member for New Beginning, you must:

1. Be at least 21 years old
2. Be an ACTIVE member of a Parish.
3. Have completed the "Ministry Safe" course
4. Have completed a background check through a Parish of the Diocese of Fort Worth.

I have completed "Ministry Safe" with in the last two years.      Y / N

I have had a background check through my Parish within the last two years.      Y / N

Written proof of participation in "Ministry Safe" and a background check is required. If you have not completed the Ministry Safe training or have not had a background check, arrangements must be made prior to this event. Please call Megan Pearce at 817-313-3077 or email her at [megan.pearce@fwepiscopal.org](mailto:megan.pearce@fwepiscopal.org) to discuss arrangements.

Name: \_\_\_\_\_ Name on nametag: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_  
          LAST                                      FIRST

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

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Sponsor\_\_ OR Team\_\_       Male  Female

Email: \_\_\_\_\_ T-Shirt Size: (circle one) S M L XL XXL XXXL

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_

Church recommendation from either Clergy OR Youth Leader.

Clergy Signature: \_\_\_\_\_ Youth Leader Signature: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
          LAST                                      FIRST

Phone: Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ ID or Group #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Office phone: \_\_\_\_\_

**Medical Information and Release:** If necessary, add another page with details:

Allergies, Food, Drug, or Environmental: \_\_\_\_\_

List any Dietary or Physical restrictions: \_\_\_\_\_

OFFICE USE ONLY: \$65.00 payment received \_\_\_\_\_ Cash or Check (Circle one)

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In case of illness or accident, I give permission to be evaluated and treated by available medical personnel. I do hereby release The Fort Worth Diocese, and all persons connected therewith from any liability, claim and expense related to any such condition, circumstance or treatment.

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