Stuff You Should Know about New Beginnings!

Money: The total participant fee is $110. Pay online or bring a check to the weekend. Financial assistance is available, **but please ask your parish/church first**. The diocesan scholarship application is available at www.edogyayas.org. **The deadline for diocesan scholarship requests is March 1, 2012.**

Registration: Online registration is preferred. Register online via www.edogyayas.org. You can also fill out the reverse side of this form and email it as a scanned attachment to jason.a.peaslee@gmail.com, or mail it via US Mail to Jason Peaslee, New Beginnings Coordinator, 411 Canna Dr., Valdosta, GA 31602.

Stuff: You should bring casual clothes, personal toiletries, twin-sized sheets/blanket or a sleeping bag, pillow, energy, a snack to share, your check (if you didn't pay online), and a Christ-like attitude.

Time: Plan to arrive in time for dinner (6p) on Friday, March 9th and to depart around 3p on Sunday, March 11th. Activities don't begin until everyone has arrived at Honey Creek - we mean it! If you know you will be late, you must contact Jason Peaslee (229.563.3963), New Beginnings Coordinator, to notify him.

Contacts

Mr. Jason Peaslee
New Beginnings Coordinator
411 Canna Drive
Valdosta, GA 31602
jason.a.peaslee@gmail.com
229.563.3963 (mobile)

The Rev. Canon Leigh Hall
Canon for Youth & Young Adult Ministries
611 East Bay Street
Savannah, GA 31401
lhall@gaepiscopal.org
912.236.4279 (main) | 912.236.2007 (fax)

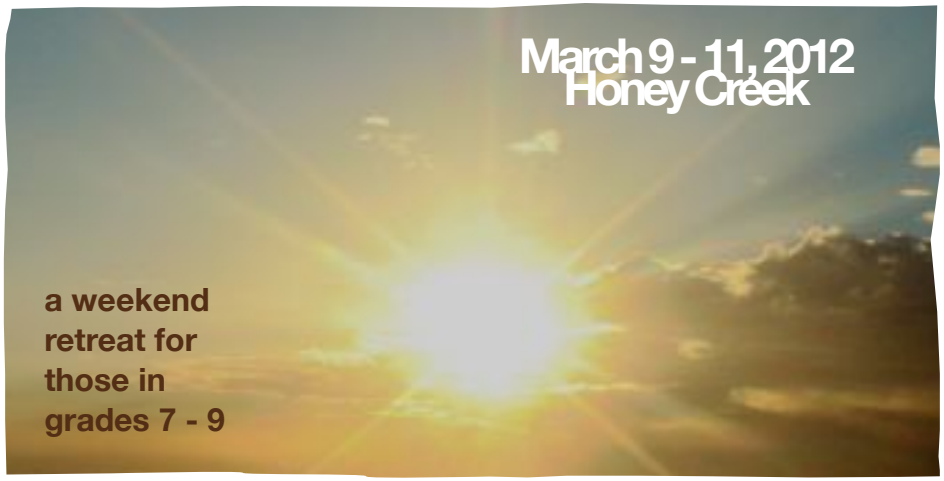
www.edogyayas.org has tons of useful information. Check it out today!

The next New Beginnings is slated for November 2 - 4, 2012.

Honey Creek is located at 299 Conference Center Rd., Waverly, GA 31565.

The Episcopal Diocese of Georgia + Youth and Young Adult Ministries

New Beginnings #40



What is New Beginnings?

At New Beginnings, you can expect to make new friends and to share with old ones through singing, skits, talks, videos, games, worship, and conversation. Led by a team of teenagers, adults, and spiritual directors, New Beginnings helps us discover things about ourselves, our friends, and our families.
We also learn ways to live our our faith in our daily lives.

Who can attend?

7th through 9th graders are participants at New Beginnings. Adults are also welcome to be participants at the weekend. *Any church sending five or more young people MUST send an adult who will stay for the entire weekend.* Participants can come back to New Beginnings as many times as they want. Once you've been a participant, you can apply to be on team.

What else should I know?

The weekend will be at Honey Creek, our diocesan camp and conference center. Please visit www.honeycreek.org for directions.
The total cost of the weekend is $110.
Checks are payable to the Diocese of Georgia.
Participants should plan to arrive by 6p on Friday for dinner and to leave around 3p on Sunday. Activities do not begin until all are present. If you will be late, you must call Jason Peaslee, New Beginnings Coordinator, at 229.563.3963. Please see the back of this brochure for more important details.

New Beginnings #40, March 9-11, 2012 - Return your completed registration form to Jason Peaslee, New Beginnings Coordinator, 411 Canna Dr., Valdosta, GA 31602, or send it as a scanned email attachment to jason.a.peaslee@gmail.com. **All fields are required.**

Registration Information

Did you know that you can save heaps of time by applying online?
Find out more at www.edogyayas.org!

PARTICIPANT NAME _____ **DATE OF BIRTH** _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PARTICIPANT EMAIL ADDRESS _____

GRADE _____ **GENDER** _____ **T-SHIRT SIZE** _____

PRIEST/PASTOR NAME _____ **HOME CHURCH** _____

PARENT/GUARDIAN NAME _____ **PARENT/GUARDIAN PHONE #** _____

PARENT/GUARDIAN EMAIL ADDRESS _____ **PARENT/GUARDIAN ALT. PHONE #** _____

PARENT/GUARDIAN MAILING ADDRESS (IF DIFFERENT FROM PARTICIPANT'S) _____

PARENT/GUARDIAN - IMAGE RELEASE
The Episcopal Diocese of Georgia has permission to use my child's image in its promotional materials. **PARENT/GUARDIAN INITIALS HERE**:_____

PARTICIPANT - COVENANT
While at New Beginnings, I agree to abstain from the use of alcohol, tobacco, illegal substances, unauthorized prescription medications, and weapons. I will have no inappropriate physical contact with others, will refrain from sexual conduct, and will wear appropriate clothing at all times. I will not use my cell phone during this event and will fully participate and be on time. I will not belittle or humiliate others and will maintain a Christ-like attitude. I promise to abide by all New Beginnings' rules and adult requests. I accept full authority of the weekend coordinators.

PARTICIPANT SIGNATURE _____ **DATE** _____

Medical Information

DOES THE PARTICIPANT HAVE ANY PHYSICAL LIMITATIONS? IF SO, PLEASE USE THE SPACE BELOW TO LIST AND DESCRIBE.

_____

_____

DOES THE PARTICIPANT HAVE ANY ALLERGIES, INCLUDING, BUT NOT LIMITED TO, FOOD, MEDICINE, OR INSECTS? IF SO, PLEASE USE THE SPACE BELOW TO LIST REACTION AND TREATMENT FOR EACH.

_____

_____

DOES THE PARTICIPANT REQUIRE ANY REGULAR OR OCCASIONAL MEDICINES WHICH ARE TYPICALLY ADMINISTERED BY THE PARTICIPANT OR PARENT/GUARDIAN? YES_____ NO_____

IF YES, THE REQUIRED MEDICINES MUST BE PLACED IN A BAG ALONG WITH ADMINISTRATION INSTRUCTIONS, WITH THE PARTICIPANT'S NAME ON THE OUTSIDE.

MY CHILD IS ALLOWED TO TAKE ACETAMINOPHEN (TYLENOL) OR IBUPROFEN (ADVIL) FOR MINOR ACHES AND PAINS AS ADMINISTERED BY AN ADULT AT NEW BEGINNINGS. YES_____ NO_____

PARENT/GUARDIAN - MEDICAL RELEASE
I give the above named child for whom I am legally responsible permission to attend New Beginnings held at Honey Creek and sponsored by the Episcopal Diocese of Georgia. I agree to hold harmless all representatives of the Episcopal Diocese of Georgia in regard to accident or injury involving the above child at New Beginnings. I grant permission for said child to be treated by trained medical personnel and agree to be responsible for all expenses incurred in the course of such treatment.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

INSURANCE CARRIER (OR ATTACH A COPY OF YOUR INSURANCE CARD) _____

POLICY NUMBER (OR ATTACH A COPY OF YOUR INSURANCE CARD) _____