



Christian Youth Fellowship

NORTHEAST AREA of the CHRISTIAN CHURCH (Disciples of Christ) 2009 Fall Rally

Participant Registration Form



These **COMPLETED FORMS** must be on file with the Area Office **BEFORE** the youth will be permitted to enter camp. This information will be shared only with the directors of the event and your child's counselors.

*****Please Print or Type in Blue or Black ink. DO NOT fill out in pencil.*****

Event: _____ Date of Event: _____

Camper's name: _____ Gender: M F Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Camper's Phone: (____) ____ - ____ Birth Date: ____/____/____ Grade completed: _____

Parent/ Guardian's Names: _____

Mother's Phone: Home (____) ____ - ____ Office: (____) ____ - ____ Mobile: (____) ____ - ____

Father's Phone: Home (____) ____ - ____ Office: (____) ____ - ____ Mobile: (____) ____ - ____

E-mail Address: _____

Sponsoring Church Name: _____ City: _____

Minister/Youth Minister: _____

Does the camper have previous camping experience? YES NO Where? _____

What skills, interests, or talents does your camper have that might be shared with the other campers? _____

Please list anything we need to know that would make your child's camp experience a better one. Please attach additional pages if necessary. (Requests to room with or to be in same small group with a specific person may not be honored) _____

Please initial here _____ if you **DO NOT** want youth's voice, picture, image/ likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (The Areas would still seek permission for any major advertisements such as television ads or programs where your child would have a primary or central role.)

Northeast Area Office Use Only – DO NOT FILL OUT!

| | | | |
|------------------|-----------------|------------|-----------------|
| Check/Cash _____ | Amount \$ _____ | Date _____ | Approved: _____ |
|------------------|-----------------|------------|-----------------|

Participant Covenant

In the spirit of forming a positive Christian Community while at this event, I agree to the following:

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to participate in all group activities as they are scheduled or announced and be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I will talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.
- **I agree to arrive at the event on time and remain at the event until the event has concluded.**
- I agree to refrain from the following:
 - ✓ Possession and/or use of **LEGAL** or illegal substances (including alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks and explosive devices)
 - ✓ Sneaking out of the dorms after lights out or leaving the event facility at any time without explicit permission of the event director.
 - ✓ Sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)
 - ✓ Willful or thoughtless destruction or abuse of property
 - ✓ Wearing inappropriate clothing. *See Tri-Area Rules for clarification.*

I understand that any violation of this covenant will bring the following specific consequences:

- Immediate expulsion from the event at the expense of the participant's family.
- If the violation involves possession of a weapon and/ or illegal substances that local law enforcement will be summoned.
- I also understand that the minister of my sponsoring church will be contacted regarding serious violations of the Code of Conduct.
- Required letter of apology to the sponsoring congregation and to the Tri-Area Camp and Conference Team before being allowed back to any event.

I have read the Participant Covenant for the Tri-Area Camp and Conference programs. I have discussed my participation with my parents and my minister/youth sponsor. I am prepared to attend Tri-Area sponsored event with a spirit of Christian cooperation and goodwill. I have read and agree to abide by the above covenant.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

I have read the covenant and discussed it with my child/youth, who is registering for a Tri-Area event. He/she understands the consequences of violating the covenant. I affirm the efforts of the camp leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me in the event that there is a serious violation of the covenant. I will pray for my child and other participants that God's love may be a transforming presence during this week.

PARENT'S SIGNATURE _____ **DATE:** _____

(Required only for participants under 18 years of age)

***Minister:** I have read the covenant and am familiar with the Tri-Area policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I will pray for the participants this week that God's love may be a transforming presence. I know and recommend this young person for participation in the Tri-Area camp and conference program.*

MINISTER'S SIGNATURE _____ **DATE:** _____

NEA Youth Event Health Record Form One Per Person



Group

Name _____ Gender **M** **F** Date of Birth _____
 Parent/Guardian's Name _____
 Parent Phone Numbers: home _____ work _____ cell _____
 Address _____ City _____ State _____ ZIP _____

Please fill insurance section out completely to expedite medical treatment.

Insurance Company _____ Group # _____
 Insurance Company Claim Address _____ Phone #: _____
 Individual/ Parent's Policy # _____ Relation of Participant to Policy: _____
 Other Insurance Information _____
 Emergency Contact Name _____ Relation to participant _____
 Emergency Contact Phone: home _____ work _____ cell _____
 Give dates and type of operations/accidents within the last two years _____

First Name

Check all that apply (please note treatments below and feel free to make comments)

Allergies Asthma Clotting Disorders Convulsions Diabetes Fainting Freq.
 Ear Infections High Blood Pressure Hypertension Headaches (frequent) Incontinence
 Insect Sting/Bite Reactions Joint Problems Upset Stomach Other: _____

Any chronic illnesses or regularly occurring pain (please specify) _____

List and describe all known allergic reactions _____

Immunization History (Please give date of immunization or last booster)

DTP _____ **OR** Diphtheria _____ Tetanus _____ Polio _____
 MMR _____ **OR** Measles _____ Mumps _____ Rubella _____
 Hepatitis B _____ Varicella (Chicken Pox) _____

Date of last health exam _____ Were any complicating problems noted? _____

Is the camper currently under a physician's care for any medical problems? _____

Detail any Physical, Mental, Behavioral, or Emotional Limitations _____

Has the participant ever required psychiatric counseling (including depression), hospitalization or medication? If yes, please specify. _____

Last Name

Activities to be discouraged _____

Activities to be encouraged _____

Please give any information that you feel will assist in camp assimilation of the participant _____

Has the participant been exposed to any contagious diseases? If so, when? _____

All MEDICATIONS (prescription & over the counter) MUST BE turned in at registration. They MUST BE IN ORIGINAL CONTAINER with original label and all instructions attached. If participant is using multiple medications, please put Medication Vials in Zip Lock Bag with Name written on it in Magic Marker. Adults must do this as well.

Is Participant taking any form of medication? Yes No

List Drugs and Dosages: _____

Has the participant had **any** recent illnesses? _____

Name of Family Physician _____ Phone _____

Name of Dentist _____ Phone _____

Name of Orthodontist _____ Phone _____

Other Doctors _____ Specialty _____ Phone _____

In order to provide the best care for all participants, updates or changes to the information on the form is the responsibility of the parents/ legal guardians.

BASIC MEDICAL AUTHORIZATION for MINORS

May the Northeast Area, and/or First Christian Church of Nacogdoches, and/or Disciples Crossing give your child Tylenol, Benadryl and or topical solutions to treat them for minor aches, pains and ailments as they should become evident. All medications will be administered in accordance with manufacturer's directions and/ or with the physician on call.

YES NO Parent's Signature _____

EMERGENCY MEDICAL AUTHORIZATION

I, _____ (adult participant, parent, or legal guardian's name), hereby authorize the Northeast Area, and/or First Christian Church of Nacogdoches, and/or Disciples Crossing and its staff to seek and authorize emergency medical treatment for _____ (name of participant). This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physicians.

Signature **X** _____

(Under 18 – Parent's signature required. Age 18 or Older – Sign for yourself.)

Please do not bring/send your child to camp if they are ill or show signs of becoming ill. Fever, Nausea, etc.
In accordance with Texas State Health Laws: If your camper should be found to have a contagious illness/disease, they will be sequestered and you will be called to pick your camper up. Disciples Crossing reserves the right to check campers to protect the health of all campers.