



**Christian Youth Leadership Seminar  
Lake Brownwood Christian Retreat  
June 28 – July 3, 2010**



**Registration Form**

Please complete this form and return it to your Area Office no later than June 1st to ensure timely registration. PLEASE PRINT LEGIBLY. The cost of CYLS is \$300 for Area Council Leaders and \$225 for Non-Area Council Leaders.

**AREA** (please circle): TCMF BBA CEA CPA HPA NEA NTA TBA TRA

**Participant** (please circle):

Area Council Student      Non-Council Student  
Area Council Adult      Non-Council Adult

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Emergency Contact Name:** \_\_\_\_\_

**Contact Information:** Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Please initial here \_\_\_\_ if you **DO NOT** want your 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.

**CCSW Refund policy:** 100% for emergencies up to the first day of the event. 100% up to 7 days prior to the event, if requested in writing. 50% in cases of emergency if notification is made after the beginning of an event, if requested in writing no more than 7 days following the event. No refunds for non-emergency cancellations less than 7 days prior to the event or after the beginning of the event. (5/93)

## CCSW Participant Covenant ~ CYLS 2010

### In the spirit of forming a positive Christian Community while at CYLS, 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 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 and to be present for the *entire* activity. I understand that my participation is essential to the 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 talk about others when they are not present.
- I agree to respect the authority of the adults and leadership teams who have been entrusted with making this event a safe and positive atmosphere and to 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 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
  - Using language not appropriate to a church event.

### 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.
- In the instance of a weapon and/or illegal substances, local law enforcement will be summoned.
- The minister of my sponsoring church will be contacted regarding serious violations.

*I have read the Participant Covenant for the Christian Youth Leadership Seminar. I have discussed my participation with my parents and my minister/youth sponsor. I am prepared to attend this Regional 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 with my youth. He/she understands the consequences of violating this 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 this covenant. I will pray for my youth and other participants that God's love may be a transforming presence during this event.*

PARENT'S SIGNATURE (if youth participant): \_\_\_\_\_ DATE: \_\_\_\_\_

*I have read the Covenant and am familiar with the Region's 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 this 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 Christian Youth Leadership Seminar.*

SPONSORING MINISTER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AREA MINISTER'S SIGNATURE (for Reps only): \_\_\_\_\_ DATE: \_\_\_\_\_

# Health Record Form – CYLS 2010

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Contact Person's Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_

Contact Person's Telephone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_

INSURANCE COMPANY: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Participant's I.D. or Social Security #: \_\_\_\_\_

OTHER INSURANCE INFORMATION: \_\_\_\_\_

Give dates and types of operations/accidents within the last two years:

\_\_\_\_\_

## Check all that apply:

<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Chronic Infection	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Allergies
<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Sleeping Disorders	<input type="checkbox"/> Hernia	<input type="checkbox"/> Asthma
<input type="checkbox"/> Respiratory Problems	<input type="checkbox"/> Incontinence	<input type="checkbox"/> Fainting	<input type="checkbox"/> Convulsion
<input type="checkbox"/> Digestive Problems	<input type="checkbox"/> Poison Ivy/Oak	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Migraines
<input type="checkbox"/> Recent Illness	<input type="checkbox"/> Contact Lenses	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Glasses
<input type="checkbox"/> Recent Exposure to a Contagious Disease		<input type="checkbox"/> Reaction to Insect Bites	

If YES to any of the above, please explain: (You can attach additional pages, if needed.)

## IMMUNIZATION HISTORY (Please give date of immunization or last booster)

DTP \_\_\_\_\_ OR Diphtheria \_\_\_\_\_ Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

MMR \_\_\_\_\_ OR Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_

Hepatitis A \_\_\_\_\_ Hepatitis B \_\_\_\_\_ Varicella (Chicken Pox) \_\_\_\_\_

Date of last health exam: \_\_\_\_\_ Were any complicating problems noted? \_\_\_\_\_

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

Detail any Physical, Mental or Emotional Limitations:

\_\_\_\_\_

**ALL MEDICATIONS (prescriptions and over-the-counter) MUST BE turned in to the Camp Nurse at registration. They MUST be in the ORIGINAL CONTAINER with original label and all instructions attached.** If participant is using multiple medications, please put Medication Vials in a Ziploc Bag with the Name written on it in Magic Marker.

Is this participant taking any form of medication? \_\_\_ YES \_\_\_ NO

List all drugs and dosages:

# Authorizations & Releases - CYLS 2010

PARTICIPANT'S NAME: \_\_\_\_\_

May the medical staff of Lake Brownwood Christian Retreat/the Directors of this event from the Christian Church in the Southwest give your child Tylenol, Benadryl, and/or topical solutions to treat them for minor aches, pains, and ailments as they should be evident? All medications will be administered in accordance with manufacturer's directions and/or with the physician on call.

YES NO Parent's Signature: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Orthodontist: \_\_\_\_\_ Phone #: \_\_\_\_\_

While the Christian Church (Disciples of Christ) in the Southwest and Lake Brownwood Christian Retreat make every effort to provide a safe and pleasant environment for all participants, we require that this participation agreement be read, completed, signed, and dated by the parent or legal guardian of each participant under 18 years of age who wishes to participate in the Christian Youth Leadership Seminar.

## LIABILITY RELEASE

In consideration for my child's/ my participation in activities sponsored by the Christian Church (Disciples of Christ) in the Southwest (CCSW), **the undersigned, for myself and my child (the participant named above), hereby release and forever discharge the CCSW and all persons associated with the CCSW, from any and all actions, causes of action, claims and demands, known and unknown, which my child may now have or may have in the future on account of or arising out of my child's/my participation in these activities.** I acknowledge that the CCSW may provide accident insurance for participants, and that any and all expenses occurring 1) beyond the maximum benefits of the policy, or 2) as a result of actions that result in the exclusion of this policy, will be paid for by the undersigned. This waiver of liability is binding on the undersigned and on all persons claiming through the undersigned or said child, and the heirs, and personal representatives of the undersigned and said child. I give my permission for my child to ride in any vehicle designated by the director of the event while participating in activities sponsored by the Christian Church (Disciples of Christ) in the Southwest. I have read, understood, and consented to all parts of this Liability Release.

## AUTHORIZATION FOR MEDICAL CARE:

I give permission for my child, the above-named participant, to participate in activities sponsored by the Christian Church (Disciples of Christ) in the Southwest (CCSW). I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination or medical or dental treatment to be rendered to the minor on the advice of any physician or dentist, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. (Every attempt will be made to contact parents in the event of an emergency when permission for treatment is necessary.) I agree to indemnify the CCSW against any claim in connection with medical and dental services rendered to my child. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs. I give permission for my child to ride in any vehicle designated by the Director of the Christian Youth Leadership Seminar while seeking medical care or treatment.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

PARENT'S SIGNATURE: \_\_\_\_\_

For more information, please call the Regional Office at (817) 926-4687 or contact your Area Minister.