

Youth Force Ada 2017

THE PURPOSE OF YOUTH FOCE IS TO PROVIDE A POSITIVE MISSION EXPERIENCE
TO ALL PARTICIPANTS WHILE REVIVING HOPE TO THE COMMUNITY

PARTICIPANT INFORMATION

Check one: ____ Youth ____ Adult

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Gender: _____ Age (as of 6/25/17): _____ Grade in Fall 2017: _____

Home Phone _____ Parent Cell Phone(s): _____

Church: _____ T-Shirt Size: S M L XL XXL (adult sizes)

Give your registration to the appropriate person in your church, normally the Youth Director or Pastor, and he/she will get it to Youth Force team

PERMISSION, LIABILITY & MEDICAL RELEASE FORM

I (we), the undersigned parent(s) or guardian(s) of

Youth Force Participant / participant's birth date

agree to hold the Oklahoma Conference leadership team and the leaders free from liability for injuries, damages, or losses unless caused by willful or intentional conduct on the part of the leadership team, leaders, or camp staff.

As legal guardian(s) I (we) give permission to the camp staff to seek medical attention if needed for this camper.

Our Health Insurance Co. is _____ Policy # _____ Group # _____

Camper's pre-existing medical conditions & current medication use _____

Allergies: _____

Immunization information: Tetanus _____ date _____ Tetanus Boosters _____ date _____

May we have permission to administer: Tylenol, Motrin or Benadryl to your child? YES NO

Parents' home phone (with area code) _____ Business phone (with area code) _____

Emergency Phone (other than parent/guardian) _____

I (we) as legal guardian(s)/parent(s) give permission for the above named child's personal property to be searched, if just cause is determined by the event staff. If such search is deemed necessary, the participant's property is to be searched in the presence of two staff persons, designated by the Event Leader/Site Official.

I (we) give my permission for my child to be photographed or videotaped, which may be used by The United Methodist Church for camp promotions.

signature of parent or guardian

date

signature of parent or guardian

date

If there are two parents or legal guardians, both signatures are preferable. In the event of an emergency, some health care or emergency service providers will only discuss the patient's needs or health issues with a parent or guardian signed above.

For Youth Force participants over the age of 18, all statements above apply to adult signees.

PARTICIPANT COVENANT OF CONDUCT

In all meetings or other events under the sponsorship/guidance of my church, I am a representative of that Christian Community and I am responsible for my actions. I understand the following guidelines will be followed.

1. I will not bring or use firearms, explosives, illegal drugs, alcoholic beverages or tobacco products because all are prohibited.
2. My conduct will be in keeping with the highest Christian regard for all people.
3. I will be expected to participate in all group activities and small group meetings.
4. I understand that sleeping at night is good for my health and alertness so I will be in my room in my bed when indicated by my camp schedule
5. I will follow all dress codes and dress appropriate for my Christian witness.
6. I will leave all areas clean; meetings, rooms, work sites, sanctuary, and other activity areas.
7. I will participate in the full week of camp; arriving on Sunday by 3:00 PM and not leaving until noon on Friday.

I have read and understand the Participant Covenant of Conduct and agree to abide by it

Participant's Signature _____

date _____