

# Conference Youth Ministry Event Individual Registration Form

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

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

Name of Event: \_\_\_\_\_

Church: \_\_\_\_\_ District: \_\_\_\_\_

Include a deposit of: \$ \_\_\_\_\_ Balance of: \_\_\_\_\_ due on \_\_\_\_\_

Check should be made out to: \_\_\_\_\_

Adult or Youth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

## Health and Permission Form

*The purpose of the health form is to have a brief medical history of each participant on hand should any emergency arise. Parents will be contacted in the event of an emergency. **You must have a signed health form upon your arrival at all youth events (except Youth Day and Rapids Youth Day) in order to attend.***

Name of Youth (please print): \_\_\_\_\_

1) Are all immunizations current? \_\_\_\_\_ Tetanus? \_\_\_\_\_

2) Are you allergic to any medications? \_\_\_\_\_ If yes, which ones? \_\_\_\_\_

3) Are you severely allergic to insect bites or poison oak/ivy? \_\_\_\_\_

4) Have you had any recent surgery? \_\_\_\_\_ If yes, what kind and when? \_\_\_\_\_

5) Do you have any physical condition, which would prevent full participation in all activities? \_\_\_\_\_

If yes, what? \_\_\_\_\_

6) Are you diabetic? \_\_\_\_\_

7) Do you have asthma? \_\_\_\_\_

8) Are you under a doctor's orders to take medication? \_\_\_\_\_

If yes, please list all prescription drugs you need to bring with you to camp: \_\_\_\_\_

9) Is there anything else we need to know about your physical condition? \_\_\_\_\_

*I, the undersigned, give the youth named above permission to attend this Conference Youth Event. I also give the event staff permission to authorize emergency surgery on the participant named above if the participant is in serious danger and the parents cannot be reached.*

*The undersigned hereby agree to indemnify and hold harmless the Mississippi Conference of the United Methodist Church and \_\_\_\_\_, its Board of Trustees, its officers, employees and staff,*

*(camping facility)*

*from any liability as a result of either intentional acts or negligence, or failures to act on the part of any of the above named entities or persons as a result of the use of the premises while \_\_\_\_\_ is participating in any activities while camping.*

*(participant name)*

Parent's Signature \_\_\_\_\_

Phone numbers where parents can be reached: \_\_\_\_\_