

Youth Registration Form

Event Name The Crossing 2012-Dakota Wesleyan University Event Dates March 9-11, 2012

Name _____ Male Female
First Name Middle Initial Last Name

Address _____ Birth date ____/____/____

City, State & Zip Code _____ Current Grade: _____

Parent/guardian names _____ High School Graduation Year _____

Address if different from Camper _____ T-Shirt Size _____ (Adult size only)

Phone _____ E-mail _____
Home Phone Work Phone Cell Phone

Emergency Contact if parent/guardian cannot be reached _____
Relationship to youth _____

Emergency Contact number(s) _____
Home Phone Work Phone Cell Phone

Church name _____ City _____ State _____

Name of Adult Chaperone(s) _____

Event Covenant/Code of Conduct

As a participant in Dakotas Annual Conference Youth Events, I covenant with the event staff and all event participants.

1. I will turn in my keys and/or cell phone at Registration for the duration of the event. (if required)
2. I will not use or possess alcohol, illegal drugs, tobacco, or weapons at the event. Failure to comply with this expectation will result in my dismissal from the event and notification of the authorities.
3. I will wear appropriate clothing which respects me and others: specifically no cleavage, no butts, no bellies, no visible underwear, and no holes above the knees.
4. I will use appropriate language, and not words like @!#\$, %^&, @#-\$%; ^&*().
5. No public or private displays of physical affection.
6. I will remain within the physical boundaries of the event, and not enter the sleeping area of the opposite gender. Boundaries will be established at each event.
7. I will participate physically, intellectually, spiritually and emotionally, and have a great time in Christian fellowship, worship, and growth at this event.
8. The breaking of this covenant will be dealt with accordingly.

Signature of Youth Participant: _____ Date ____/____/____

I have read the above covenant my youth has signed and give permission for my youth to attend this event.

Signature of Parent or Guardian: _____ Date ____/____/____

To Complete your registration fill out the Health and Release form on the reverse side, and turn in to your youth leader or fax, email or mail to:

**Dakotas UM Camping
P.O. Box 460
Mitchell SD 57301
605-996-1766 Fax or email: ginny.sekol@dakcamps.org**

Dakotas Conference Council of Youth Ministry of the United Methodist Church
Health and Release Form

Participants Name

Social Security # (for hospital use only)

Participants Insurance company

Policy #

Family Physician

Physician's Phone #

Dakotas United Methodist Camps provide a secondary accident insurance policy for all campers.

Health History

Please indicate which of the following conditions the participant has/or has had. Give dates if appropriate.

Medical Conditions	Allergies
Ear infections:	Insect Stings: Treatment:
Seizures:	Medications:
Diabetes:	Asthma:
Fainting:	Food:
	Other:
Operations/Serious Injuries	
Chronic/reoccurring Illness	
Tetanus: (give date of last booster)	
Other pertinent Health Information	

Other Information

Do you give permission for your youth to take over the counter medication if necessary? Yes No

Are there any activities which need to be monitored/avoided? _____

Are there routine treatments or medication required during the event? Yes No

If yes, please specify. _____

Release

I am a Parent or Legal Guardian of the above named youth. I give permission for my son/daughter to participate in activities sponsored by the Conference Council of Youth Ministry at the event. I understand that event staff and their volunteer youth sponsors will accompany my son/daughter at the event. I understand that my son/daughter may travel in the provided transportation or in the private vehicles of youth sponsors once arriving at the event. I authorize the use of photographs of my youth by the youth ministry. The conference youth ministries may contact my youth/family by email. In case of emergency and I cannot be reached, I hereby give the event staff permission to act on my behalf in seeking emergency treatment for my son/daughter in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using only those measures deemed necessary (including x-ray examinations, anesthetics, medication, medical/dental emergency surgery). I release the Conference Council of Youth Ministry and the Dakotas Conference of the United Methodist Church from liability in acting on my behalf in this regard.

Parent/Guardian Signature _____ Date ____/____/____

I do not want photographs of my child to be used by the youth ministry.

I wish to be included in cross-Conference transportation at a cost of \$_____ for cost of fuel, vehicle rental/usage. I understand I will be contacted two weeks prior to the event as details are finalized. Amount enclosed for transportation costs: _____

**Office
Use
Only:**

Date Registered: _____
Event No: _____
Amount Enclosed: _____