

Iowa Conference UCC Youth Rally/Annual Meeting – 2008 Registration
June 11-12, 2008 and June 13-14, 2008

Carefully complete both sides of this form and have a parent sign where necessary. Information will be shared only with authorized leadership personnel. Please print clearly. **Return this form and payment to:** Tiffany Jones 1st Congregational UCC 1000 Willson Webster City, IA 50595

PERSONAL INFORMATION:

Name: _____ Age: _____ Grade in school: 2007-2008

Street Address: _____

City: _____ State: _____ Zip code: _____

Parent's Names: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

E-mail: _____ T-shirt size (circle 1) **S M L XL XXL**

Local Church: _____ City _____

Pastor's Signature: _____

In Case of Emergency Contact: _____

MEDICAL INSURANCE INFORMATION:

Insurance Company Name: _____ Policy Number: _____

Primary Doctor: _____ Group Number: _____

IMMUNIZATIONS: Are your school immunizations up to date? _____
 Date of last tetanus booster (must have been within 10 years of event) _____

HEALTH INFORMATION: (Please mark conditions to which the individual is subject)

_____ Diabetes	_____ Hay Fever	_____ Asthma	_____ Sinus Trouble
_____ Sore Throat	_____ Polio	_____ Colds	_____ Convulsions
_____ Bed Wetting	_____ Fainting	_____ Hyperventilation	_____ Athlete's Foot
_____ Sleep Walking	_____ Cramps	_____ Rheumatic Fever	

Any other conditions, please specify: _____

Allergies (be specific): _____

Recent illness/injuries: _____ Physical/emotional and/or learning disabilities: _____

Special dietary needs: _____

CURRENT MEDICATIONS: Will your child be bringing any medication to the event? _____
 For what purpose? _____ Medication _____
 Dosage _____ Frequency? _____

EMERGENCY TREATMENT AUTHORIZATION: In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the individual. In the event I can't be reached, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child, as named above. I authorize the release of any medical information necessary to process my insurance claim.

Parent/Guardian signature: _____ Date: _____

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|--|-----------|--|
| <input type="checkbox"/> Cost for the Youth Rally (includes food, housing & T-shirt) | \$ 77.00 | <input type="checkbox"/> Payment enclosed for Youth Rally only |
| <input type="checkbox"/> Cost for Annual Meeting (includes extra meals) | \$ 23.00 | <input type="checkbox"/> Payment enclosed for Annual Mtg. only |
| <input type="checkbox"/> Payment enclosed for both events | \$ 100.00 | |

Iowa Conference Youth Rally/Annual Meeting Covenant 2008

June 11-12, 2008 and June 13-14, 2008

In order to strengthen our community, and in turn to achieve our goals, we covenant to be Christian friends to one another by:

- ✠ Being respectful of one another's time, thoughts, ideas, needs special gifts feelings, and property.
- ✠ Developing trust by being open and sincere, and affirming of others ideas and beliefs.
- ✠ Encouraging and supporting one another by affirming participation, asking for others opinions, practicing good listening skills and being open minded.
- ✠ Showing enthusiasm through verbal and non-verbal communication.
- ✠ Committing ourselves to participate fully in group discussion by sharing our opinion, respecting and responding to the opinions of others, listening actively, asking questions if we do not understand, and by realizing that each person's input is important to the group in order to achieve a common goal.
- ✠ In addition, I willingly agree to abide by the following rules created by the Camp Program Committee and the Youth and Young Adult Committee of the Iowa Conference with the knowledge that the consequence to breaking these rules will be suspension from the event.

UPON ARRIVAL AT THE YOUTH RALLY/ANNUAL MEETING EVENTS:

- ❖ I will remain at the event unless accompanied by an adult leader.
- ❖ In accordance with state law, there will be no smoking by anyone under the age of 18. For those over 18, smoking will be confined to designated areas.
- ❖ No profanity.
- ❖ No alcohol.
- ❖ No drugs.
- ❖ No sexual intercourse or inappropriate intimate activity.
- ❖ I will honor and observe the designated bedtime and lights out.

If I fail to abide by these rules, I understand I will be sent home at my own expense.

I hereby agree to the 2008 Youth Rally/Annual Meeting Covenant and rules. I have read them. I know what they are and understand they are vital to the success of the Youth Rally/Annual Meeting experiences.

Signature of Participant

Date

Signature of Parent or Guardian

Date