



CONFIRMATION RETREAT 2017 Church/Town _____

Youth & Adult Registration—Health Information

(Please Print or Type in Ink)

Attendee (First) _____ (Last) _____

Attendee Phone #1 **Circle:** Day / Evening / Cell Attendee Phone #2 **Circle:** Day / Evening / Cell

Date of Birth _____ Age as of Sept 2017 _____ Grade _____

Year of HS Graduation _____ Gender _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____

Custodial Parent/Guardian (if youth) _____

Phone #1 - **Circle One:** Day / Evening / Cell Phone #2 - **Circle One:** Day / Evening / Cell

Food Allergies / Special Dietary Needs (please be specific) _____

Limitations or Restrictions on Activities _____

Current Medical Conditions, including Allergies (Describe any medical conditions that might be affected by strenuous or general event activities, for example – any muscle or skeletal issues, allergies to animals, etc.).

Date of last Tetanus Shot (year) _____ Approximate Weight (for medication administration) _____

Prescription / Over-the-Counter Medications to be taken during event (list times and dosages) _____

Any additional health information church advisers/event leaders should be aware of (surgery or serious injuries, chronic or recurring illness/medical condition, psychiatric counseling or indications, recent traumas, life changes etc.)

ADDITIONAL EMERGENCY CONTACTS (if parent/guardian listed above CANNOT be reached):

NAME _____ Phone #1 () _____

Relationship _____ Phone #2 () _____

NAME _____ Phone #1 () _____

Relationship _____ Phone #2 () _____

Name of Physician _____ Phone () _____

****ATTACH A COPY
OF THE FRONT & BACK OF
HEALTH INSURANCE CARD
TO THIS FORM****

Illinois South Conference United Church of Christ
PERMISSION & AUTHORIZATIONS – *Signatures Required*

Name of Youth or
Adult Attendee

Age
(if under 21)

Last

First

MI

Event Name: *Confirmation Retreat 2017*

Event Dates: *September 22-23, 2017*

PERMISSION FOR PARTICIPATION IN EVENT & EVENT ACTIVITIES:

The individual named above has my permission to attend the event listed above.

The individual named above has my permission to participate in transportation to, from and during this event provided or arranged by the attendee's church, event coordinators or Illinois South Conference staff members.

I / We (attendee and parent – if attendee is a youth participant) understand and support policies prohibiting the use or possession of weapons, tobacco products (if youth participant), alcoholic beverages and illegal drugs or controlled substances. We recognize that all attendees must follow safety guidelines and refrain from harmful behavior. I/We understand that if an attendee is unable to live within these guidelines and those outlined in the Covenant, he/she may be sent home without a refund of the program fee.

There are challenges inherent with participation in any event activity, including but not limited to archery, boating, challenge course, games, hiking, horseback riding, swimming, wagon rides and work projects. I understand that these challenges, which contribute to the unique character and desirability of the activities, pose the possibility of severe injury, illness or death. I further understand that many event activities may take place in an outdoor environment. For this and other reasons, I understand the challenges often cannot be eliminated, altered, or controlled. I give permission for myself and/or my child to participate in all event activities, including but not limited to those described above. I acknowledge and assume the risks involved in these activities, and for any damage, illness, injury, or death resulting from such risks, for myself or my child. There are no physical, emotional or mental problems or limitations associated with my child's or my participation in event activities, except as disclosed by me in writing to the Illinois South Conference. I have read and understand the above, and agree to the terms of this waiver.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date

PERMISSION FOR FIRST AID, EMERGENCY TREATMENT AND TRANSPORTATION:

To the best of my knowledge, the health information on this form is correct and accurately reflects the current health status of the attendee named above. I hereby give permission to the advisor from the attendee's church, event coordinators and Illinois South Conference staff members to provide, seek, and consent to first aid, routine health care, administration of prescribed medications, emergency treatment and transportation for me or my child, as may be deemed necessary. I also give permission to medical personnel, authorized by the advisor from the attendee's church, event coordinators and Illinois South Conference staff members to order x-rays, routine tests and proper treatment related to the health of the attendee for both routine care and, in emergency situations, to hospitalize, order injections, anesthesia, or surgery for me or my child. I understand the information on this form will be shared on a "need to know" basis. I give permission to photocopy this form. It is my intention that the advisor from the attendee's church be treated as acting *in loco parentis* if the person named herein is a minor. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Attach a copy of your insurance card.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date

PHOTO RELEASE:

The Illinois South Conference utilizes a variety of media, such as brochures, newsletters, media productions such as PowerPoint presentations, videos, Facebook, and our websites to interpret and promote our ministry and programs. Recognizing the value of these interpretive materials, I hereby grant the Illinois South Conference of the United Church of Christ, or their designated agents, permission to use images of myself or my child for interpretive or promotional efforts.

**Signature of Adult Attendee
or Custodial Parent / Guardian**

Date