



NEA Participant Registration Form



February 17-19, 2012 Mid-Winter Rally

These COMPLETED FORMS must be on file with the area BEFORE the youth will be permitted to attend event.
Please print or type in blue or black ink—DO NOT fill out in pencil.

Participant's name: _____

___ Male ___ Female Birth Date: ___/___/___ Current Grade: _____

Address: _____ City: _____ State: ___ Zip: _____

Sponsoring Church: _____ City: _____

Parent/Guardian/Emergency Contact: _____

Primary Phone: _____ Cell Land line Secondary Phone: _____ Cell Land line

Please do not bring/send your child to camp if they are ill or show signs of becoming ill.
In accordance with Texas State Health Laws: If your child should be found to have a contagious illness/disease, they will be sequestered and you will be called to pick him/her up.

Does the participant have **any** food allergies? Dietary restrictions? _____

Diseases, Chronic or Recurring Illness:

Asthma: _____

Bleeding Disorder: _____

Dermatological: _____

Diabetes: _____

Seizures: _____

Stomach Condition: _____

Headaches: _____

Ear Infections: _____

Bed Wetting: _____

Other: _____

I do not carry medical insurance at this time **OR**

Insurance Company _____

Group # _____ Policy # _____

List Medications & instructions. **Medications MUST BE IN ORIGINAL CONTAINER with original label and all instructions attached.** If participant is using multiple medications, please put all meds in a plastic bag.

Medication	Dose	Side Effects

If more space is needed please continue on a separate piece of paper.

Significant Allergies (specify)

Food: _____

Insect Sting: _____

Medicine/Drug: _____

Plant/Pollen: _____

Other: _____

List Physical, Mental, Behavioral, Educational, or Emotional Limitations:

May the event staff give your child Tylenol, Benadryl and/or topical solutions to treat him/her for minor aches, pains and ailments as they should become evident (all medications will be administered in accordance with manufacturer's directions)?

YES NO

(Circle)

(Parent/Guardian's Signature) _____

I, _____ (adult/legal guardian), hereby authorize the event staff to seek and authorize emergency medical treatment for _____ (participant). This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physicians.

DATE: _____

(Parent/Guardian's Signature)

Please initial here _____ if you DO NOT want youth's voice, picture, image/ likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (The Areas would still seek permission for any major advertisements such as television ads or programs where your child would have a primary or central role.)

Participant Covenant

In the spirit of forming a positive Christian Community while at this event, I agree to the following:

- I agree to abide by the rules of the event as posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to **participate** in all group activities as they are scheduled or announced and be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I will talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.
- **I agree to arrive at the event on time and remain at the event until the event has concluded.**

I agree to refrain from the following:

Possession and/or use of or illegal substances (including alcohol, illegal drugs, tobacco products, unreported prescription drugs, firearms, weapons, fireworks and explosive devices)

Sneaking out of the dorms after lights out or leaving the event facility at any time without explicit permission of the event director.

Sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)

Willful or thoughtless destruction or abuse of property

Wearing inappropriate clothing. *See Tri-Area Rules for clarification.*

I understand that any violation of this covenant will bring the following specific consequences:

Immediate **expulsion** from the event at the expense of the participant's family.

If the violation involves possession of a weapon and/or illegal substances, local law enforcement will be summoned.

I also understand that the minister of my sponsoring church will be contacted regarding serious violations.

Required letter of apology to the sponsoring congregation and to the Youth Ministry Committee or event staff before being allowed back to any event.

I have read the Participant Covenant & agree to abide by it. I have discussed my participation with my parents and my minister/youth sponsor. I am prepared to attend the event with a spirit of Christian cooperation and goodwill.

PARTICIPANT'S SIGNATURE _____ **DATE** _____

I have read the covenant & discussed it with my child. He/she understands the consequences of violating the covenant. I affirm the efforts of the camp leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me in the event that there is a serious violation of the covenant. I will pray for my child & other participants that God's love may be a transforming presence at this event.

PARENT'S SIGNATURE _____ **DATE** _____

Minister: *I have read the covenant and am familiar with the policies & procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I will pray for the participants at this event that God's love may be a transforming presence. I know this young person & recommend them for participation in the event.*

MINISTER'S SIGNATURE _____ **DATE** _____