

Summer 2008 Youth Registration & Medical Release Form

NAME: _____ DATE OF BIRTH: ___/___/___

Address: _____ Gender: Male _____ Female _____

(City) (ST) (Zip) Phone: (____) _____

Email: _____ T-Shirt Size (adult) _____

Social security number: _____ (will be used only for medical treatments only)

Number of Previous Missions/Work Camp Trips _____ Music Skills: _____

Minor Release of Liability

I _____ legal parent or guardian of _____ give my permission to him/her to go on the C2K Youth in Mission Trip, and to participate in all activities, including being photographed. I hereby release C2K, The City of Dallas People Helping People program, and the North Texas Annual Conference, its staff and volunteers, participating churches, and referral agencies of any liability in the event of accident or injury.

Authorization to Obtain Medical Treatment

I authorize any of the leaders of C2K and all accompanying adult volunteer leaders on this trip to obtain any and all necessary medical and/or dental attention and/or treatment for my above named minor child, including surgical procedure if advised by the attending physician. I have listed on this form any and all special medical problem(s) concerning my above named minor child and I confirm that I have advised the leaders of C2K of any such medical problems.

I understand that C2K does not carry accident or medical insurance on participating volunteers. I agree that the insurance company listed on this form will be used for such medical care expenses, and I am aware, I may be billed by the medical provider for any medical treatment not covered by my insurance. I understand that if I do not have medical coverage that I am responsible for the payment of any medical bills.

Parent/Guardian Signature

On this date _____, the person who's signature is above, personally appeared and acknowledged to me that he/she understood this Registration and Medical Release Form.

Notary Seal
Required

Notary Public, State of _____

C2K Covenant of Conduct

I know that I am Christ's representative on the C2K trip and will behave in such a way as to bring Him glory.

I agree to participate in all activities of C2K. When asked to be serious and thoughtful, I will-willingly do so.

I agree to not participate in the use of drugs or alcohol during this event. I will refrain from the illegal purchase or use of tobacco products. I will not use tobacco inside any building or at any worksite.

I agree to not use profanity during this event. I agree to refrain from any sexual activity or inappropriate displays of affection during this event. I agree to treat all persons regardless of race, religion, and culture with-respect and consideration.

I will respect the facility we are using, and realize that if damage should occur because of my negligence, I am financially responsible. I will not waste time or resources during this event.

I will not bring any electronic game equipment, boom boxes, other items that may distract attention from the event. I will not bring or use any weapons, fireworks, pornographic materials, or any other inappropriate items.

I will portray a positive role model for others by maintaining an attitude of respect, loyalty, patience, integrity, courtesy, tact, and maturity. I will abide by the dress code set forth which promotes modesty.

I understand that Texas State Law requires that all citizens report any suspected abuse or neglect of a child to the Texas Department of Human Services or a law enforcement agency.

I will not abuse others including:

Physical Abuse - strike, spank, shake, slap **Verbal Abuse** - humiliate, degrade, threaten

Sexual-Abuse - including inappropriate touching and exposure, or comments.

Mental Abuse - inconsistent standards, communicating one behavior and rewarding the opposite

Above all, I agree to play, have fun, and exercise team-work during C2K.

I have read the "Covenant of Conduct" and fully agree with the conditions. I understand that I will be excused from participating in C2K activities and sent home at my parent's expense if I violate any conditions of this covenant.

Signature of Participant

Signature of Parent or Legal Guardian

****BOTH YOUTH Participant & PARENT or LEGAL GUARDIAN must SIGN.**

Insurance Information

(Attach front & back copy of insurance card
Please copy on same sheet of paper. Thank you)

Emergency Contact Information

Name(s) parents or legal Guardian	Relationship	Work	Cell / pager
	Father		
	Mother		

Medical Information

Name of Physicians	Phone #
Allergic to	Date of Last Tetanus Shot
Current Medications & Dosage	List any Physical Limitations
Medical History (diabetes, epilepsy, heart murmur, etc.)	

Are you willing to live/work/eat/sleep under conditions that may be uncomfortable and require your flexibility, patience and understanding? _____ *Please initial

Duplication of this form shall be on WHITE PAPER ONLY.
Both Sides Required. C2K Covenant of Conduct on back.