

2018 SUMMER IMPACT YOUTH REGISTRATION

Church Name (& Church Supervising your youth @ Summer Impact if different)

Church City

Youth's Name

Youth Cell Phone Number

Male Female Age: _____ D.O.B.: ____/____/____ Grade Entering: _____

Home Address

Home Phone Number

City, State, Zip Code

Parent/Guardian Phone Number

Parent/Guardian Contact Name(s)

Parent/Guardian Phone Number

PARTICIPATION RELEASE

I/WE, _____, the parent(s)/guardian(s) of the above named student, hereby give consent for my minor youth to participate in all activities of Summer Impact sponsored by the Association of the Churches of God in Oregon, Inc. **Activities may include, but are not limited to, the following:** cookouts, bon fires, swimming, river floating, hiking, shopping, mission projects, crafts, frisbee, field games, basketball, soccer, dodgeball, volleyball, softball, baseball, sleeping in tents or dorms, etc. I request that my minor youth be excluded from the following activities:

PHOTO/VIDEO RELEASE

I hereby authorize and give full consent to the Association of the Churches of God in Oregon, Inc. to use all photographs and videos in which my youth appears while involved in Summer Impact. Photographs and videos will be used exclusively for ministry purposes of the Association of the Churches of God in Oregon, Inc.

MEDICAL RELEASE

I furthermore give the youth pastors/directors/leaders of the Association of the Churches of God in Oregon, Inc. the power to make healthcare decisions on behalf of my youth who participates. I consent for my minor youth to receive all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic tests, etc.), for the above-named youth, which may be required during my absence. I agree to pay for all medical, dental treatment(s) and/or services provided.

Medical Insurance Company

Phone Number

Insurance Policy Number

Group Number

Primary Care Physician

Phone Number

CHRONIC OR EXISTING MEDICAL CONDITIONS, KNOWN ALLERGIES & CURRENT MEDICATIONS

Please describe any and all conditions we should be aware of and what medications this youth is taking, if any.

I/We the undersigned, having legal custody of the minor youth named above, agree to the terms of the above stated Participation, Photo/Video, and Medical Releases.

Signature of Parent(s)/Guardian(s)

Date signed

CONFLICT RESOLUTION or IMPASSE & LIABILITY AGREEMENT

I understand that all reasonable safety precautions will be taken by the leaders of the activities, however a possible or unforeseen hazard could still exist. I further agree not to hold the Association of the Churches of God in Oregon, Inc., its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

In the event that a dispute arises which possibly may lead to litigation on either party's behalf, I agree in such situations to the best possible resolution by individual conversation or with a neutral third party present. If this is not sufficient, a mutually agreed upon arbitrator will be selected and the arbitrators decision will be the final decision on said issue.

Signature of Parent(s)/Guardian(s)

Date signed

RULES OF CONDUCT AGREEMENT

For your information, we expect each student to conform to these rules of conduct

- Respect property (Including but not limited to camp property, vehicles, activity locations, and personal property)
- Respect one another, staff, and adult leaders (Be uplifting, polite, non-offensive, and non-disruptive)
- Respect and comply with event schedules and designated areas
- Participation with scheduled activities is expected
- All music and media must be appropriate for general audiences (G/PG) and up to leaders' discretion
- No cell phone use during services, session times, or after lights out
- No students can drive to activities.
- No possession or use of alcohol, drugs, tobacco/pot & vapor pens (use common sense!!)
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (*Please cover your B's – Bellies, Buns, Boxers, Bras, Bikinis*)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- No PDA (public displays of affection) and/or sexual misconduct

Youth who fail to comply with these expectations may be sent home at their parent/guardian's expense.

We take the safety and protection of our youth very seriously. With the number of youth, the number of leaders, and the layout of the camp, it is simply impossible to guarantee that your youth will be supervised at all times. Therefore, we want to emphasize that our commitment to safety rests largely on the expectation that every youth under our care will act responsibly. It is extremely important that your youth agree to follow and help uphold the boundaries, rules, instructions, and schedule given by the leadership of Summer Impact.

PARENT/GUARDIAN AGREEMENT I, _____, the parent/guardian, agree that my youth will abide by these stated personal limitations and rules of conduct. I further agree that in the event of an emergency or disciplinary action I may be required to pick up my student from the camp or activity location.

Signature of Parent(s)/Guardian(s)

Date signed

YOUTH AGREEMENT I, _____, the youth, have read the above named Rules of Conduct. I agree to follow ALL the rules, boundaries, and instructions set by the staff & youth leaders. I will act responsibly for the safety of myself and others. I also understand I may be sent home if I fail to comply with this.

Signature of Student

Date signed

Disclosure: Failure to complete this form in its entirety, with correct and current information, including signatures and dates, may preempt your youth from participation in events and activities of Summer Impact. If at any time it is discovered that any of the signatures on this form are not that of the parent or guardian, the youth will not be allowed to participate in events and activities.