2021 Willamette Valley Campmeeting YOUTH LEADER MEDICAL RELEASE/REGISTRATION

Fill out both sides completely

Church Name	Church City
Leader Name	Cell Phone Number
□Male □Female Age: D.O.B.:/	
Home Address	Home Phone Number
City, State, Zip Code	Email
Emergency Contact (s)	Emergency Phone Number
Relationship to Emergency Contact	Date of Last Tetanus Shot
Medical Insurance Company	Group Number
Insurance Policy Number	Insurance Phone Number
Primary Care Physician Name	Physician Phone Number
Are you taking any prescription medication(s): □Yes □No If so, please list med	ications and when they are taken:
Please list all severe allergies, recent medical conditions, physical restrictions, and/or	special needs you may have:
In case of medical and/or surgical emergency, I hereby give permission to the physicic Churches of God in Oregon, Inc. and its leaders to hospitalize and/or secure proper to injections, anesthesia, X-rays, or surgery) for the above named individual.	
Leader Signature Dat	е
Print Name	

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This application is invalid without the Senior Pastor's signature.

It is mandatory for every leader to fill this section out in its entirety

1. Have you ever been a leader for Willamette Valley Campmeeting before? □Yes □No
2. Are you a regular youth leader for the church you are coming with?
3. What experience do you have in working with youth?
4. When were you saved? Please give a brief testimony.
We take very seriously the safety and protection of our youth. That is why we need you to understand the responsibility that we expect of you as leaders and the example we need you to set. It is extremely important that you agree to follow and help uphold the boundaries, rules, instructions, and schedule given by the leadership of Willamette Valley Campmeeting. Please review the rules below.
RULES OF CONDUCT AGREEMENT
We expect each student and leader 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 the 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 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 I, the undersigned leader, agree to follow and help uphold the boundaries, rules, instructions, and schedule given
by the leadership of W.V. Campmeeting. I also agree to supervise the youth in my care to the best of my abilities
LEADER'S SIGNATURE DATE
TO BE FILLED OUT BY YOUR SENIOR PASTOR
I recommend this leader to the Association of the Churches of God in Oregon, Inc. as one who will cooperate with the director(s), staff, rules, and program of Willamette Valley Campmeeting.
PASTOR'S SIGNATURE DATE
Concerning the above-mentioned perspective leader:
I have known him/her for yearsmonths Has accepted Jesus Christ as their Lord and Savior

(BACKGROUND CONSENTS MUST ARRIVE NO LATER THAN ONE WEEK PRIOR TO EVENT)