



SERVING THE CHURCH • EXTENDING THE KINGDOM

# REFORMED YOUTH *Ministries*

## 2011 Individual Registration Form

**Must be completed by all students and adults.**

For which conference are you registering?

- Colorado Senior High Conference (June 13-18, 2011)
- Florida Junior High Conference (June 27-July 1, 2011)
- Florida Senior High Conference #1 (July 4-8, 2011)
- Florida Senior High Conference #2 (July 11-16, 2011)
- Pacific NW Jr. & Sr. High Conference (July 18-23, 2011)

Name \_\_\_\_\_ **Church & City** \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ E-Mail \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Rising Grade Designation (grade the student will be entering in the fall)								
Rising 6 <sup>th</sup> (optional)	Rising 7 <sup>th</sup>	Rising 8 <sup>th</sup>	Rising 9 <sup>th</sup>	Rising 10 <sup>th</sup>	Rising 11 <sup>th</sup>	Rising 12 <sup>th</sup>	Rising College	Adult/Chaperone

  

T-Shirt Size (Adult Sizes)						
X-Small	Small	Medium	Large	X-Large	XXL	XXXL

**Dress Code:** In an effort to encourage a biblical standard of modesty and to minimize confusion and conflict regarding appropriate dress for a beach conference, the RYM Board has adopted the following regulations:

These are the standards for dress at RYM:

- Modest swim wear is required. No mesh or suits that expose a bare midriff. Swimwear is appropriate to be worn only at the beach and pool areas.
- A t-shirt or its equivalent must be worn to large-group meetings and seminars.
- Underwear should not be visible for young men or young women.
- Parents and students: By signing below, we hereby accept and agree to abide by these rules of dress.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Student Signature)

### **MEDICAL INFORMATION**

Date of Last Tetanus Shot: \_\_\_\_\_

**Please check if the participant has any current or past health problems in the following areas:**

Asthma _____	Glasses _____	Genitourinary _____
Heart Disease _____	Headaches _____	Neurological _____
Hypertension _____	Psychiatric _____	Muscular _____
Diabetes _____	Skin _____	Circulatory _____
Blood Problems _____	Skeletal _____	Other _____
Dizziness _____	Respiratory _____	
Gastrointestinal _____	Major Illness _____	

**Please give details of any item checked above:** \_\_\_\_\_

LIST ANY ALLERGIES YOUR CHILD HAS: \_\_\_\_\_

LIST ANY PRESCRIBED MEDICATIONS YOUR CHILD IS TAKING: \_\_\_\_\_

**DO NOT ADMINISTER THE FOLLOWING MEDICATIONS:** \_\_\_\_\_

DOES YOUR CHILD HAVE ANY OTHER MEDICAL CONDITION THAT WE SHOULD BE AWARE OF THAT MAY HINDER HIS/HER PARTICIPATION? NO \_\_\_\_ YES \_\_\_\_ . IF YES, PLEASE EXPLAIN:

**MEDICAL EMERGENCY:**

In the event of a medical emergency: (1) I authorize RYM and its staff or volunteers to contact the emergency numbers, including our primary care physician, or other qualified medical personnel for medical information, records or treatment; (2) I authorize RYM and its staff or volunteers to administer first aid or CPR to my child, if they think it is necessary; (3) I authorize RYM and its staff or volunteers to administer appropriate medication to my child if they deem it necessary, except for any medications listed above; and (4) I authorize RYM and its staff or volunteers to disclose any relevant medical information about my child as necessary for his/her treatment. I understand that I will be solely responsible for any medical, hospital or related charges, which may be incurred, on behalf of my child in connection with any injury, illness or other medical condition suffered by him/her during this trip or as a result of his/her participation in these activities. Upon request, I will reimburse RYM for any charges paid by them on my child's behalf.

NAME OF PARTICIPANT (Please Print) \_\_\_\_\_

CHURCH/GROUP \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_, STATE \_\_\_\_\_, ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

PRIMARY CARE DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP POLICY NUMBER: \_\_\_\_\_

Participant Signature \_\_\_\_\_

Signature of Parent/Guardian  
for participants under 18 years of age

Date \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

**AUTHORIZATION TO PARTICIPATE IN CERTAIN ACTIVITIES  
RELEASE AND INDEMNITY (ADULT ON BEHALF OF A MINOR CHILD)**

*Please Read Before Signing*

I authorize my child to participate in the following activities upon the terms of this agreement (check and initial all that apply):

- Swimming and/or Snorkeling
- Beach Games
- Waterpark Activities

There are risks involved in this activity and/or activities. Your child need not participate. It is your choice whether your child participates in this activity or these activities and to what level. However, in order for your child to participate at any level in this activity or these activities, you must sign this document, and your signature forever waives your right (and your child's right) to sue Reformed Youth Ministries (and its directors, staff, employees and other contracted parties), for any injury (or death) you or your child may suffer arising out of your child's participation in this activity or these activities.

**ACKNOWLEDGMENT OF RISK**

I acknowledge that there are risks and hazards involved in any of the activities in which my minor child has chosen to participate. These risks include, but are not limited to: Physical injury, trauma, death, emotional injury, and property damage. These hazards include, but are not limited to: falling from a height of 0 to 50 feet above the ground; falling objects; equipment failure; exposure to the sun; cold and severe weather conditions; uneven or unsuspected road; trail or ground surfaces; contact with animals or insects; interference from other activities in the vicinity; high altitude (above 8000 feet); and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include intense physical challenges which, aggravated by high altitude conditions, may place unusual demand on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

**CERTIFICATION OF FITNESS AND MEDICAL INFORMATION**

I certify that my minor child is completely healthy (both physically and emotionally) and capable of participating in this activity or these activities. My Medical Information lists any medical conditions of which Reformed Youth Ministries should be aware which may hinder participation by my minor child in the activity selected. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that my minor child should not participate in the selected activity.**

**WAIVER OF LIABILITY**

In order that my minor child may participate in the activity or activities listed above, I forever waive my right (and my child's right) to sue Reformed Youth Ministries (including its directors, staff, employees and other contracted parties) for any injury (including death) my minor child may suffer arising out of his/her participation in this activity or these activities, including transportation, if any, to and from these activities. I understand that by signing this document, all liability of Reformed Youth Ministries (including its directors, staff, employees and other contracted parties) to me and my minor child for any injuries (including death) my minor child may suffer arising out of my minor child's participation in the activity or activities listed above will be forever extinguished.

**INDEMNITY**

I agree to indemnify Reformed Youth Ministries and its directors, staff, employees, and contracted parties from any liability, loss or damage resulting from my child's reckless or intentional acts.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGMENT OF RISK/ WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THE MEANING OF THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

**SIGNATURE OF PARENT/GUARDIAN (FOR PARTICIPANTS UNDER 18 YEARS OF AGE)**

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_