



Individual Registration Fee Enclosed	
\$ _____	
Add \$10 extra for T-Shirt	
<input type="checkbox"/> S	<input type="checkbox"/> M
<input type="checkbox"/> L	<input type="checkbox"/> XL
<input type="checkbox"/> 2XL	

WNCC Individual Youth Event Registration/Medical Release Form

EACH person attending an event listed/checked below must complete both sides of this form. This form must be properly signed and witnessed. Please type or print legibly. Youth under the age of 18 must also have the permission portions (behavior, emergency medical care and media release) signed by a parent/guardian.

ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD Complete medical information on page 2 of this form

Name you go by _____ Last Name _____

Address _____

City/State/Zip _____

E-mail Address _____

1. BEHAVIOR STATEMENT:

I understand this event is for the Christian nurture and growth of every individual in attendance, and all instructions given by event staff or adult group leaders are for the safety and benefit of all present. I will show respect for all in attendance, in particular those in leadership positions. I will not use any tobacco (if a minor), nor alcohol, or illegal drugs. I will not bring weapons of any sort. I will attend all sessions of the event. I will make every effort to show respect for the facilities being used, and leave all facilities in the condition in which I found them, or better. I will observe the curfew set by my leaders. I will wear clothing appropriate for a Christian event, including modest clothing, appropriate for a Christian event. I recognize that willful failure to comply with instructions can cause serious problems and, upon consultation with staff, may result in immediate contact of parents to make arrangements for me to be returned home at my expense.

I have read the above paragraph and I agree to be responsible for my behavior in accordance with the guidelines stated above. (My parents and) I understand violation of the guidelines may result in my being sent home.

2. MEDIA RELEASE:

The Western North Carolina Conference (WNCC) of The United Methodist Church reserves the right to use any photograph or video taken at any WNCC-sponsored event, without the expressed written permission of those included within the photograph or video. WNCC may use the photograph or video in media produced, used or contracted by WNCC including but not limited to: brochures, WNCC e-NEWS, books, press releases, magazines, television, websites, etc.

3. EMERGENCY MEDICAL CARE:

In the event that _____
(person attending event)

suffers any illness or accident requiring emergency hospitalization while at this United Methodist Church event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests and treatment for the health of the above named.

I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold the WNC Conference of The United Methodist Church nor any other organization/facility/staff associated with this event responsible in the event of accident, loss, or death.

I give permission for medical personnel on site to administer OTC medications listed on the reverse of this form.

Signature of person attending event: _____ Date _____

Signature of parent: Behavior statement agreement, permission to provide emergency medical care if person attending is under the age of 18, and media release:

Parent _____ Date _____

Witness _____ Date _____

Address _____ Phone Number _____

Witness _____ Date _____

Address _____ Phone Number _____

Parent's Work Phone (____) _____ Parent's Cell Phone (____) _____



Individual Registration/Medical/Media

Page 2 of 2: You must also complete page 1 of this form

Name _____ Male Female Youth DOB _____

Church _____ District _____

Adult Counselor: Safe Sanctuary-Trained: Yes No Background Check: Yes No

EMERGENCY INFORMATION | ATTACH COPY OF INSURANCE CARD

Contact _____

Relationship _____

Ph. No. #1 (_____) _____

Ph. No. #2 (_____) _____

Medical Insurance Co. **MUST ATTACH COPIES OF INS CARD** _____

Name on Policy _____

Relationship _____

Policy # _____

Special Medical or Dietary Needs _____

Known Allergies _____

Limitations _____

All current medications _____

Possible OTC medications allowed:

Aspirin Tylenol Ibuprofen Neosporin Hydrocortisone Benadryl Cough 'n Cold

Other _____

Office use only. Do not write in this space.