



YOUTH CONFERENCE 2009

HIGHER GROUND RETREAT CENTER
WEST HARRISON, IN

JUNE 22-27, 2009

Registration

1. USE INK
2. PRINT CLEARLY
3. PROVIDE ALL REQUESTED INFORMATION

Participant Information

Name _____

Address _____ City _____ State _____

Zip _____ Email: _____ @ _____

Date of Birth ____ / ____ / ____ Gender ____ Age ____

School Grade (2009-10 school year), if applicable _____

Home Congregation _____

Check Your Size of T-shirt ____ S ____ M ____ L ____ XL ____ XXL

Parent/Guardian Information

Name _____

Address (if different from above) _____

Email: _____ @ _____

Home Phone _____ Work _____ Cell/pager _____

Important!

- **The Youth Conference fee includes** lodging, meals, and activities for the entire conference.
- The fee schedule for YC2009 is as follows:

\$250.00 if paid by 5/1/09

\$275.00 if paid by 6/10/09

Registrations must be received by June 10!

- Cancellations received by **MAY 30, 2009** will be honored with a full refund.
- Cancellations received after **MAY 30, 2009** will forfeit \$100.00 of the fee. The balance will be returned.
- Cancellations received after **JUNE 10, 2009** cannot be refunded.

The theme of YC2009 is: **God's Truth → Real Answers, Real Hope**. Do you have questions that you'd like to see answered with God's Truth and discussed at the youth conference? If so, please list those questions below. We'll try to incorporate as many suggestions into the discussion as we can (You will also be able to ask other questions and be greatly involved in discussion during the conference).

Participant's Medical Information

1. Personal History – Check all of the following conditions which the participant has experienced or currently experiences.

| | Past | Current | | Past | Current |
|-------------------|-------|---------|---------------------|-------|---------|
| Asthma | _____ | _____ | Migraines | _____ | _____ |
| Headaches | _____ | _____ | Nose Bleeds | _____ | _____ |
| Diabetes | _____ | _____ | Dizziness | _____ | _____ |
| Fainting | _____ | _____ | Epilepsy | _____ | _____ |
| Altitude Sickness | _____ | _____ | Difficulty Sleeping | _____ | _____ |
| Heart Disease | _____ | _____ | | | |

2. Allergies:

Drugs/Medicines (ex: penicillin) _____

Food _____

Insect stings/bites _____

Plants (Poison Ivy, Hay Fever, etc.) _____

Other _____

3. Do you currently take prescribed or over-the-counter medications?

Yes _____ No _____

If *Yes*, please list the name of the medication(s) and for what condition(s):

Note to Parents: We want to be as safe as possible and insure that medications are administered at the proper time and in the proper dosage. For this reason, if your child is taking any medication, we will contact you to discuss how best to facilitate this at Youth Conference.

4. Do you have a current tetanus immunization?

(A tetanus booster is due every 10 years.)

Yes _____ Date: _____(month/year)

No _____ (please acquire a tetanus booster)

5. Do you require any special dietary considerations? If so, please explain.

6. Please describe and explain any other health limitations and/or concerns of which the YC2009 staff should be aware.

Health Insurance Information

(in case of emergency)

1. Are you covered by medical insurance:

Yes _____

Name of Health Plan _____

Policy or Group Number _____

Please list any other information that would be necessary to initiate medical treatment

No _____

Please explain how we should proceed in case of an emergency



Travel Information

Group transportation via coach bus(es) will provide round trip Youth Conference travel from Mankato, MN. Tentative plans are for the coach bus to leave from Mankato in the afternoon of Sunday, June 21st and travel as far as Madison, WI. The bus will depart Madison, WI on June 22nd and arrive at the Youth Conference location by mid-late afternoon.

On Saturday, August 27th, the bus(es) will leave the Youth Conference location and travel to Hales Corners, WI to join *Messiah* congregation for worship the following morning. Following the worship service, the bus(es) will return to Mankato in the early evening of June 28th.

Participants who are able to originate in Mankato or who could join us enroute are welcome to reserve a place in our group transportation. A fee will be charged for the group transportation—the exact cost is still being determined. Those requesting group transportation will be informed of the cost as soon as it becomes available. Participants will also have to purchase some meals along the way.

_____ **Yes, I would like to reserve a place on the bus traveling from Mankato, Minnesota.**

_____ **If possible, I would like to arrange an enroute pickup**

(YC staff will contact you to discuss possible arrangements)

If you are planning to arrive at Higher Ground by transportation other than the Mankato group transportation, please complete as much of the information below as you are able to complete at this time. If you are participating in the group transportation from Mankato, you may skip to the next page.

God-willing, I plan to arrive at Youth Conference 2009 by:

_____ Car _____ Commercial bus _____ Plane (Cincinnati Airport)

If arriving by car, I will be driven by:

_____ Parent/Guardian _____ Pastor/Youth Leader _____ Myself

Other: _____

If arriving by commercial bus or plane:

_____ I will need to be picked up from the carrier’s station/terminal and be transferred to the conference site. I will keep you apprised of my travel plans and location for pickup, and will coordinate with you to best accommodate transportation to the conference.

_____ I will need to be taken from the conference site to the carrier’s station/terminal for my return trip. I will keep you apprised of my travel plans and location for pickup, and coordinate with you to best accommodate transportation from the conference

_____ I will make my own arrangements to reach the conference site from my carrier’s station/terminal.

Consent and Acknowledgement of Risk

In consideration of the right to attend and participate in YOUTH CONFERENCE 2009, the participant and parent(s) hereby:

1. **Authorize** YOUTH CONFERENCE 2009 staff to provide, obtain, and authorize any reasonable incidental and/or emergency medical treatment for the participant in the event of the participant’s illness, injury, or incapacity; and hereby accepts the responsibility to pay for such treatment.
2. **Acknowledge** that there is an element of risk involved in any activity involving travel outside of one’s own home or community; certifies that the participant is physically, mentally, and emotionally capable to attend and participate in the activities; assumes all risk of any financial responsibility for any loss or injury to the participant or others that may occur as a result of the participant’s negligence or misconduct; and indemnifies and holds YOUTH CONFERENCE 2009 harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of suits and actual attorneys’ fees incurred or suffered by YOUTH CONFERENCE 2009 as a result of or arising out of the participant’s negligence or misconduct.
3. **Agree** that should it be necessary for the participant to return home early due to medical reasons, disciplinary action, or otherwise, I(we) will assume all transportation costs.
4. **Agree** to abide by all rules and regulations established by YOUTH CONFERENCE 2009 Staff.

I (the YC2009 participant) have read the entire registration packet, and have completed the information accurately. I have also read the *Consent and Acknowledgment of Risk*, understand its contents, and agree to all that is stated above.

Signature of Participant

Date

Signature of the Participant is REQUIRED.

I (the YC2009 participant’s parent or legal guardian) have read the entire registration packet, have verified that reported information is complete and accurate. I have also read the *Consent and Acknowledgment of Risk*, understand its contents, and agree to all that is stated above.

Signature of Parent or Legal Guardian

Date

If the participant is a minor, the signature of a parent/legal guardian is REQUIRED.