

2010 Great Lakes Regional Youth Event
Youth Registration Packet

GLRYE 2010 Youth Participant Registration Form

Youth Information

Last Name: _____ First Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Email: _____

T-Shirt Size S M L XL XXL **Gender** Male Female

Age: _____ Grade in school: _____ Roommate preference: _____

Local Church Information

Church Name: _____

Church Address: _____

City/Town: _____ State: _____ Zip Code: _____

Church phone: _____ Church Email: _____

Pastor's Name: _____ Adult Advisor's Name: _____

Association or Conference Information

This information is available through your youth leader, pastor, or association or conference office. Applications will not be accepted without this information.

Conference or Association Name: _____

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Youth Special Needs Check-off

We ask you to repeat this information so that forms can be distributed to various offices. Thanks for understanding. ☺

Youth Information

Last Name: _____ First Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Email: _____

Special Needs:

- Wheelchair accessible room
- Sign Language interpretation at worship and plenary
- Medically prescribed dietary restriction (vegan and vegetarian items available at each meal)
- OTHER - Please specify _____

Volunteer Sign-up

- Choir
- Liturgical Dancer for Worship
- Musician - Bringing what instrument? _____
- Sign language interpreter

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Parent/Guardian Permission Form

I am aware that (name) _____ wishes to attend the 2010 Great Lakes Regional Youth Event at Defiance College, Defiance OH June 17-20, 2010 and she/he has my full permission to do so.

Parent/Guardian Signature _____ Date _____

Daytime Phone _____ Evening _____

Additional ways I can be contacted in an emergency:

Cell Phone _____

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Great Lakes Regional Youth Event 2010 Youth Covenant

Because God calls us to be a community of faith and leaders in Christ's church, I covenant with God and others to conduct our life together at the Great Lakes Regional Youth Event in a manner that promotes a community of faith.

- I will participate in all activities, working together to learn and grow from my GLRYE experience.
- I will treat all people with dignity and respect. I will respect the property of all people.
- I will use the facilities made available to us with care. If I hurt or accidentally damage campus property, I will take responsibility for the damage done and inform my advisor and a member of the GLRYE Planning Committee right away.
- I will not smoke if it is prohibited by state law. If the laws allow, I will smoke only in outside areas, and not during outdoor group activities.
- I will not bring or use alcohol and or illicit drugs, realizing that such behavior is destructive to Christian community and would require my dismissal. Prescribed drugs must be left with the GLRYE medical staff or an adult leader.
- I will not engage in sexual activity.
- I will observe the following guidelines for visiting the rooms of others:
 - Doors must stay open at all times
 - Visitation hours are during lunch, dinner, and optional time
 - I will be mindful of my roommates' rights to privacy.
 - I will honor the GLRYE curfew and I will be in my room for "lights out".
 - I WILL NOT TRAVEL ALONE AT NIGHT.
 - I will not leave campus unless for an organized GLRYE activity and only with the permission of my advisors and with adult supervision.

Remember, while you are at GLRYE you are a representative of your local church and of the entire United Church of Christ. Please keep this in mind and behave accordingly.

Violation of this Covenant could mean returning home at your own expense, before the event's conclusion.

Participant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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**Medical Authorization for Treatment of a Youth Participant
at GLRYE 2010**

I request and authorize the Great Lakes Regional Youth Event, Defiance College, Defiance area hospitals, medical staff personnel, agents and employees, to have access to information contained in this form and to provide all medical care, routine tests, treatment and necessary transportation advisable for the health of my child. I acknowledge that no representations, warranties or guarantees as to result or cures will be made. I hereby give permission to medical staff to secure and administer treatment including hospitalization for my child named below.

The name of the child covered by this authorization is:

Last Name	First Name	Middle name
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Parent/Legal Guardian: _____

Home Address _____ City _____ State/Zip _____

Home Phone _____

Business Address _____ City _____ State/Zip _____

Business Phone _____

Signature _____ Date _____

Witness _____ Date _____

In Case of Emergency Contact:

Name: _____ Day Phone _____

Evening Phone _____ Cell Phone _____

Date of Last Tetanus Shot _____

Health Care Information

Name of Dentist/Orthodontist _____ Phone _____

Name of Family Physician _____ Phone _____

Do you carry family medical/hospital insurance? Yes No

If so, indicate: Carrier _____

Policy/Group number _____

Is your child under the care of a physician? Yes No

If yes, who is your child's physician? _____

Physician phone number: _____

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Recommendations and Restrictions while at GLRYE June 17 – 20, 2010

Please list any medications to be administered at the 2010 GLRYE

Any allergies (drugs, food, plants, insects, etc.)

Please list any over the counter medication you do NOT wish dispensed to your child:

Please list additional health information (surgery or serious injuries, chronic or recurring illness/medical condition such as epilepsy or diabetes, psychiatric counseling or indications, etc.

It is important you know that all information we receive from you is held in confidence, and is not released to people outside our GLRYE staff and church chaperones, except as agreed to by you, or as required under an applicable law or medical emergency.

The Great Lakes Regional Planning Team