

**“Moving from Stress to Success”
Youth Fall Conference for 6th – 12th Graders
November 18 – 20, 2016**

ADULT REGISTRATION FORM

(Please print clearly)

Name: _____ Gender (circle): Male Female Other Identity _____

Address: _____ City: _____ State: _____

Zip Code: _____ Home Phone: (____) _____ Birthdate (mm/dd/yy): _____

Participant's Email: _____

Church You Attend: _____ Church City: _____

Youth Minister, Rector, or Pastor Signature _____

If parish will be covering any fees, please complete: Send invoice for \$ _____ OR Parish will send check for \$ _____

Adult T-shirt Size (circle): S M L XL XXL XXXL

Do you have any dietary restrictions or food allergies (circle)? Yes No If yes, please explain: (e.g. vegetarian, gluten free)

Do you have any other special needs (circle)? Yes No If yes, please explain: _____

REGISTRATION FEES:

Early Bird Registration \$75* Due Thursday, October 20, 2016

On Time Registration \$85* Due Thursday, November 10, 2016

- **Pre-registration required.**
- **No registrations will be accepted after 3:00 PM, November 10, 2016. Registrations must be postmarked by due dates.**
- **All fees are non-refundable.**
- **Make checks payable to “Waycross.”**

*Partial scholarships available for those with financial need. Contact the Waycross office for more information.

PLEASE COMPLETE ALL PAGES (3 TOTAL) AND RETURN WITH PAYMENT TO:

Email: reservations@waycrosscenter.org

Fax: 765-813-0640

Mail: Waycross

Attn: Youth Fall Conference

7363 Bear Creek Road

Morgantown, IN 46160

For questions about registration, please contact the Waycross office at 812-597-4241 or reservations@waycrosscenter.org

EMERGENCY INFORMATION FOR ADULT PARTICIPANTS

Person to contact in the event of an emergency

Relationship to you

Address

City

State

Zip

Home phone w/ area code

Cell phone w/ area code

Medical/Health insurance company

Insurance policy number

Insurance phone number

Allergies / Allergic reactions to:

Please list all medicine being taken by you at this time.

Please list any information regarding your health that a doctor should know in case of an emergency.

DIOCESAN YOUTH & ADULT COMMUNITY COVENANT

Please read the agreement below. Your signature is needed to validate this agreement. It commits you to the rules of the Diocesan Youth Community and makes you subject to logical consequences should you choose not to live up to this agreement. These are non-negotiable. Failure to comply will result in your removal from this event.

ALL PERSONS ATTENDING WILL ...

1. Participate fully in all community activities (work details, worship, small group times, workshops, plenary sessions, meals, and all other activities).
2. Comply with the quiet time and lights out time.
3. Respect and care for all of the facilities that are being used.
4. Respect the dignity and feelings of all persons at this event.
5. Respect the property of all persons at this event.
6. Not possess or use tobacco products (diocesan youth events are tobacco-free), alcohol, illegal controlled substances, weapons, or fireworks.
7. Not engage in sexual activity.
8. Not leave the group without notification and permission of the adult in charge of event.

My signature below signifies that I agree to abide by the above Diocesan Youth & Adult Community Covenant.

Participant signature: _____

Date: _____

Waycross, Inc. 7363 Bear Creek Road, Morgantown, IN 46160

2016 Adventure Program Participation Agreement

Instructions: Please read this form carefully. Each participant and/or their parent/guardian must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in activities on the climbing tower, zip line or the team-building course.

Print participant name

Print name of parent or guardian

I understand that my participation in programs offered by the Adventure Program at Waycross, Inc. is based on the "Participation is Voluntary" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary. At all times, I will choose my level of participation in any activity.

I understand the employees of Waycross, Inc. have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that adventure programming including but not limited to climbing, high ropes courses, ground initiatives, and mountain biking for which I and/or my child have enrolled, entails certain risks. I elect to participate in spite of these risks.

Therefore, for myself/my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release Waycross, Inc. and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant that Waycross, Inc. and persons acting through them, the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself/my child for use in materials they may create.

Signature of Participant

(Required)

Date

Signature of Parent/Guardian

(Required if participant is under the age of 18)

Date

Participant's Age: _____

Address

City

State

Zip

Parent and Guardian Notes to Waycross Staff:

- Please review physical or emotional health concerns that are noted on our child's Health Form.
- Is there any additional information that our activity leaders and facilitators should have about this person's participation on the ropes course or other adventure activities? Please note here: