

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

**YOUTH REGISTRATION FORM**

(Please print clearly)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (circle): Male Female Other Identity \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

Participant Email: \_\_\_\_\_ Parent 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. 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 (4 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

Please contact the Waycross office at 812-597-4241 or reservations@waycrosscenter.org with any registration questions.

## MEDICAL INFORMATION, EMERGENCY CONTACT, and COMMUNITY COVENANT for YOUTH PARTICIPANT

Parent / guardian to contact in case of emergency		Relationship to minor	
Address	City	State	Zip
Home phone w/ area code	Cell phone w/ area code	Work phone w/ area code	
(*) Medical / health insurance company	Insurance policy number	Phone number w/ area code	
Additional emergency contact person	Phone w/area code	Relationship to minor	

Please list any allergies (and type of allergic reaction) of your child.

Please list all medications being taken by your child at the time of the youth event.

Please list any other information regarding your child's health that a doctor should know.

### DIOCESAN YOUTH COMMUNITY COVENANT

Please read the agreement below. Your signature and that of your parent / guardian are needed to validate the 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 the described activity.

#### 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 an adult supervisor.

**My signature below signifies that I agree to abide by the above Community agreement and that my parent(s) / guardian(s) have reviewed them with me and support me in this agreement.**

Youth participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

(\*) Please attach a copy of your child's medical insurance card.

**MEDICAL RELEASE FORM – EPISCOPAL DIOCESE OF INDIANAPOLIS YOUTH MINISTRIES  
REQUIRED BEFORE PARTICIPATION IN YOUTH EVENTS**

PARENT/GUARDIAN: PLEASE PRINT THE FOLLOWING INFORMATION

I, the parent/guardian of \_\_\_\_\_ (participant name), give permission for my child to participate in the Episcopal Diocese of Indianapolis Youth Fall Conference, November 18-20, 2016 at Waycross Camp.

I hereby authorize the Coordinator of Youth Ministries for the Diocese of Indianapolis and his/her officers, agents, servants, or employees who are 21 years of age or older who supervise the activities at this youth event to be responsible for the supervision and welfare of my child while in attendance at this youth event.

**WAIVER OF LIABILITY**

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such transportation, medical, and dental services to the aforementioned child pursuant to this authorization.

The undersigned shall not take any civil or legal action against the adults in charge, the Episcopal Diocese of Indianapolis, or the Episcopal Church USA, provided that appropriate and reasonable care is exercised for the normal care of the minor in their charge.

**PARENT/GUARDIAN CONSENT TO MEDICAL AND DENTAL TREATMENT**

I hereby authorize the Coordinator of Youth Ministries for the Episcopal Diocese of Indianapolis and his/her officers, agents, servants, or employees who are 21 years of age or older who supervise the activities at this youth event into whose care my child has been entrusted, to consent to emergency medical or dental care, or both for my child. The authority granted by this authorization includes the authority to consent to an emergency x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. Strong efforts are to be made to contact parents before undertaking anesthesia or emergency surgery.

I further authorize the Coordinator of Youth Ministries for the Episcopal Diocese of Indianapolis and his/her officers, agents, servants, or employees who are 21 years of age or older who supervise the activities on this youth event to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Coordinator of Youth Ministries for the Episcopal Diocese of Indianapolis and his/her officers, agents, servants, or employees who are 21 years of age or older who supervise the activities on this youth event.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise of his/her best judgement on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon.

**ADDITIONAL CONSENTS**

**Circle response to each statement:**

- I DO / DO NOT give my permission for photographs or video footage of my child to be used by the Episcopal Diocese of Indianapolis for promotional purposes.
- I DO / DO NOT give my permission for my child's address/phone number/email to be included on a participant roster of the event (for use by weekend participants only).
- I DO / DO NOT give my child permission to drive to and from this event.

Name of parent / guardian: \_\_\_\_\_ (print full name)

Signature of parent / guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 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: