



Central Bay District
2020 Summer Youth Mission Trip

July 5 - 11, 2020

Lake Louise

1037 Thumb Lake Road, Boyne Falls, MI 49713

REGISTRATION FORM & MEDICAL RELEASE

Name of Participant: _____

Youth Email: _____ Youth Cell Phone: _____

Address: _____ City: _____ Zip: _____

Sex: M F Date of Birth: ____/____/____ Current School Grade : _____

T-Shirt Size: X-SM ☐ SM ☐ MED ☐ LG ☐ X-LG ☐ XX-LG ☐ XXX-LG ☐ OTHER ☐ _____

Parent's Name(s): _____

Home/Parent's Email: _____

Home Phone: _____ Mom Cell: _____ Dad Cell: _____

Emergency Contact (other than parent): _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Home Church: _____ Pastor: _____

YOUTH CODE OF CONDUCT

To ensure a positive Christian experience for everyone, each youth must read and adhere to the following expectations:

- No possession or use of drugs (including alcohol or tobacco)
- No inappropriate physical touch or extended physical contact
- Participate in all group activities and appropriate participation in small and large group events
- Respect group leaders, other adults, peers, and facilities at all times
- No potentially harmful or dangerous behavior or weapons of any kind
- Uphold a positive attitude towards activities and others

I, _____ (participant's name) have read the Code of Conduct, and I agree to abide by it. I understand that any behavior that breaks this code may result in disciplinary action (which may include not being allowed to continue participating in the event or being sent home - at parent's expense).

Participant's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

HEALTH & MEDICAL INFORMATION

Insurance Carrier: _____ Insurance Company Phone: _____

Policy #: _____ Group #: _____

Subscriber Name: _____ Birth Date: _____

List any known allergies: _____

Dietary restrictions: _____

Medications: All prescription medication must be in original containers. Medications need to be followed as instructed on the bottle, if there is a change, the prescribing physician must provide a note. Please list all medication to be distributed while on mission trip.

Name of Medication	Dosage	Time Given	Reason Prescribed

AUTHORIZATION FOR MEDICAL TREATMENT

OVER-THE-COUNTER MEDICATIONS: When necessary or beneficial, the mission trip directors have permission to administer Acetaminophen (Tylenol), Ibuprofen (Advil, Motrin), Benadryl (for allergic reactions), Antibiotic cream, Anti-itch cream, or Antacid tablets (or any of their equivalents) to the youth.

Signature: _____ Date: _____

PERMISSION TO SEEK EMERGENCY MEDICAL CARE: When deemed necessary by adult mission trip leaders, I give permission to seek emergency medical care, and release Mt. Pleasant First United Methodist Church, its staff and volunteers of any liability against personal losses or injury.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Youth: _____

MEDIA RELEASE

I hereby grant permission to Mt. Pleasant First United Methodist Church to use and display images of the above-named student on it's website, social media pages, or future print publicity without further notice or compensation. Personal identifying information, such as the youth's name, parent's name, address, telephone number will never be published.

I agree with the above statement _____ I disagree with the above statement _____

Signature: _____ Date: _____