

# FALL FANDANGO 2017



*We all feel the need to compare ourselves to others,  
but when we do we somehow never seem to measure up.  
This year at Fall Fandango we'll see that we can be free from  
the trap of comparison when we look to God to find our worth.*

***Who do you follow?***

For youth in grades 7-9, along with adult sponsors\* ~ October 13-15, 2017

At Camp Couchdale, outside of Hot Springs, AR

\$130 per participant before September 29th; \$180 after deadline

**\*ALL youth must be accompanied by adult sponsors – no drop offs allowed**

Fall Fandango kicks-off with registration in the Rock House at 9 p.m. (**NO early arrivals, please**) on Friday, October 13th and wraps-up with outdoor worship and closing circle at 10 a.m. on Sunday, October 15<sup>th</sup> (head for home at 10:30 am). *In between, we will play, learn, sing, worship, laugh, pray and play some more!*

Fall Fandango'ers need to bring: Bible, bedding & pillow for twin bunk bed, comfortable clothes and shoes, toiletries, offering money and great attitudes ready for all God will do during Fall Fandango 2017.

Download the Fall Fandango registration form on the youth page at [Grrdisciples.org](http://Grrdisciples.org)

**Thank you for completing and returning your registration AND payment by September 29, 2017.**  
**KNOW THAT THE STEEP LATE FEES ASSURE ADEQUATE FOOD, HOUSING AND ADULT SUPERVISION FOR OUR GRR YOUTH.**

	<b>Dates</b>	<b>Location</b>	<b>Fee BEFORE Deadline (9/29/17)</b>	<b>Fee AFTER deadline</b>
Fall Fandango	10/13-15	Camp Couchdale	\$ 130	\$180

I am registering as a:  Female  YOUTH participant  
 Male  ADULT participant/ sponsor



My T-SHIRT size is: **YS YM YL YXL / S M L XL 2X 3X**

Your First Name: \_\_\_\_\_ Your Last Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

City, State AND Zip: \_\_\_\_\_

Your Church Name AND City: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Your Cell Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Your Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Your EMERGENCY Contacts (please list two persons w/all options for contacting them):

1 – Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Contact Info: \_\_\_\_\_

2 – Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Contact Info: \_\_\_\_\_

**Please return ALL 4 PAGES of this form WITH PAYMENT, by September 29th TO:**

Great River Region of the Christian Church  
 9302 Geyer Springs Road, Little Rock, AR 72209  
 Phone: 501-562-6053 ~ Fax: 501-562-7089 ~ [www.grrdisciples.org](http://www.grrdisciples.org)

**All FF Registrations Are Due IN THE REGIONAL Office By Sept. 29th!**

Current Medical Condition(s)

Please describe current medical condition(s): \_\_\_\_\_

\_\_\_\_\_

Please list allergies, including food allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any disease exposure, including Chicken Pox, Mumps, Measles, etc: \_\_\_\_\_

\_\_\_\_\_

Please list any special dietary needs: \_\_\_\_\_

Please list any restricted activities, e.g., swimming: \_\_\_\_\_

I am current on all vaccinations \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

The following medications may be dispensed by event staff as needed:

\_\_\_\_\_ Acetaminophen

\_\_\_\_\_ Ibuprofen

\_\_\_\_\_ Pepto Bismol

\_\_\_\_\_ Skin Creams

**\*\*\* VERY IMPORTANT INFORMATION \*\*\***

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Claim Approval Hotline: \_\_\_\_\_

**Adult Sponsor PERMISSION TO ORDER MEDICAL PROCEDURES**

I, \_\_\_\_\_ give the adult leader(s) for this event  
(Your Name)

permission to order any necessary medical procedures for myself.

I understand that Event insurance (paid by GRR) is secondary coverage only. Primary responsibility for medical treatment belongs to me and to my health insurance provider. I agree not to hold liable for any uninsured medical expenses the Great River Region, its employees and agents.

⇒ \_\_\_\_\_

**Your Signature**

\_\_\_\_\_

**Date**

**Parent/Guardian PERMISSION TO ORDER MEDICAL PROCEDURES (Section I)**

I, \_\_\_\_\_ give the adult leader(s) for this event  
(Parent/Guardian Name)  
permission to order any necessary medical procedures for \_\_\_\_\_.  
(Child's Name)

I understand that Event insurance (paid by GRR) is secondary coverage only. Primary responsibility for medical treatment belongs to me and to my health insurance provider. I agree not too hold liable for any uninsured medical expenses the Great River Region, its employees and agents.

⇒ **Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian PERMISSION FOR YOUTH TO PARTICIPATE (Section II)**

I, \_\_\_\_\_ do hereby give permission for my child  
(Parent/Guardian Name)  
(named above) to participate in the above referenced event, including other locations connected with the event and transportation to/from those locations.

I furthermore agree to immediately pick up my child from the event should my child be found to possess alcohol, controlled substances or tobacco; verbally, physically or sexually assault another; engage in illegal activity; or blatantly disregard other event guidelines or instructions from event leaders. I am in full agreement with the intent of this event, i.e., to assist my child in developing a deeper relationship with Jesus Christ and growing into the person God has called my child to become.

⇒ **Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian MEDIA RELEASE (Section III)**

Typically, during GRR Youth Experiences, staff & participants capture the event on film or video. GRR asks your permission to publish such photographs and videos in connection with GRR Youth Experiences promotional materials.

\_\_\_\_\_ YES, I DO give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

\_\_\_\_\_ NO, I DO NOT give permission for the GRR to publish photographs and videos of my child in connection with GRR Youth Experiences promotional materials.

⇒ **Parent(s)/Guardian(s) Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth COVENANT OF CONDUCT (Section IV)**

As a youth participant, I agree to follow all rules and instructions set forward by the adult leadership of this event. If working at a work site on a mission event, I agree to follow all instructions and safety guidelines given to my by my site manager. I agree to have a good attitude throughout this event and to behave in a manner consistent with my Christian faith. I understand that if I break event rules, I can be sent home at my family's expense.

⇒ **Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PASTOR'S SIGNATURE:** \_\_\_\_\_

*(Thanks for having your pastor sign this form, as it assures clear communication between your congregation and the GRR.)*

To aid our staff in caring for your child during these overnight, away-from-home events, please complete this “CAMPER PROFILE.” Also, please commit to praying for both the spiritual growth and physical safety of all of the children attending camp this summer.

**CAMPER’S NAME:** \_\_\_\_\_

- Please share your child’s expectations for camp. Please share whether this is your child’s first time at camp.
  
- Please describe your child’s personality:
  
- Please share your child’s likes & dislikes:
  
- Please share your child’s interests and talents:
  
- Please share how your child is best consoled when upset:
  
- Please indicate your child’s allergies (including food):
  
- Please list your child’s medicine(s), including the reason for medicine(s):
  
- Please review the list below and indicate any areas which cause you concern for your child. Please elaborate on such concern. Use additional paper if needed

- |  |                                     |
|--|-------------------------------------|
| _____ Short Attention Span                           | _____ Demanding/Aggressive Behavior |
| _____ Personal Hygiene                               | _____ Hyperactivity                 |
| _____ Sleeping habits/concerns, incl<br>sleepwalking | _____ Physical Restrictions         |
| _____ Other  |                                     |