

Thank you for completing and returning your registration AND payment by February 14th, 2020.
 KNOW THAT THE STEEP LATE FEES ASSURE ADEQUATE FOOD, HOUSING AND ADULT SUPERVISION FOR OUR GRR YOUTH.

	Dates	Location	Fee BEFORE Deadline (2/14/2020)	Fee AFTER deadline
Snoasis (open to Grades 6-12)	2/28-3/1	Camp Couchdale	\$ 130	\$155

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 February 14th TO:

Great River Region of the Christian Church
 4724 Hillcrest Avenue, Little Rock, AR 72205

Phone: 501-562-6053 ~ Fax: 501-562-7089 ~ www.grrdisciples.org

Registration and payment are Due IN THE REGIONAL Office By Feb 14th!!

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
sleepwalking | _____ Physical Restrictions |
| _____ Other | |