

# Registration



- ◆ Please turn in Registration, Covenant and Health Form to the church office no later than **September 24.**
- ◆ Please make your payment in the amount of \$137.00 to Buffalo United Methodist Church (BUMC). If you are in need of a scholarship, please contact Michelle in the office for a scholarship form. Some monies are available.

"The Event" Registration for \_\_\_\_\_  
(First and Last Name)

I really want to be in the same room as... \_\_\_\_\_

Check and answer any that apply

- I won't be going to "The Event" this year because... \_\_\_\_\_
- I have special dietary needs. \_\_\_\_\_
- I will need to arrange my own transportation because... \_\_\_\_\_

I give my youth permission to attend the "The Event" weekend at Craguns in Brainerd, November 5-7. I understand that s/he will be transported by adult volunteers and I have discussed the behavior covenant with him/her.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

# *The Event* Covenant

---

As a youth or adult participant of *"The Event"* and as a representative of my local congregation and community, I agree the following guidelines during my attendance at *"The Event"* weekend:

- Participation in all scheduled activities is expected of both youth and adults. Youth and adult participants should remain at the resort at all times.
- Anything considered illegal for minors under civil and criminal law in Brainerd, Minnesota, is considered illegal for all *"The Event"* participants. This includes drug use, consumption of alcoholic beverages, smoking, possession of firearms, weapons, and fireworks. This applies to both youth and adults.
- Adults are asked to refrain from smoking throughout the weekend.
- Visitation between males and females is not permitted in the sleeping areas, except under the supervision of an adult.
- Lights-out is at midnight. Quiet time is from midnight to 6:30 am. Lights-out means all youth and adults are in their rooms and quiet.
- Respect for other guests of the resort is expected at all times. This means being quiet in the hallways, courteous to others in the pool area and in the Sports Center and throughout the resort.
- *"The Event"* staff, MN Annual Conference or Craguns resort staff member are not responsible for items lost, stolen, or strayed. Found items may be turned into any of these staff.
- We encourage clothing and swimsuits (one-piece suits) that are appropriate to a Christian gathering.
- Have Fun! Be open to new experiences, new friends, new ways God is at work in you!

I understand that by signing this form, I agree to the above guidelines. Further, I understand that should I choose not to follow the guidelines, appropriate disciplinary action will be taken and if deemed necessary, my parents will be called and will be expected to come and pick me up at their expense.

-----  
(Participant Signature)

-----  
(Date)

I have read this covenant and understand what my child has agreed to.

-----  
(Parent Signature)

-----  
(Date)

# Health Form

---

Youth and Adults attending *'The Event'* must complete the health information on this form. Group leaders keep all health forms in your possession.

Name:\_\_\_\_\_ Age:\_\_\_\_\_

Parent/Guardian Name:\_\_\_\_\_

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

Cell Number:\_\_\_\_\_ OR \_\_\_\_\_

Insurance Company:\_\_\_\_\_ Policy Number: \_\_\_\_\_

For the above-listed participant, please list the following information:

Allergies:\_\_\_\_\_

Special Dietary Needs:\_\_\_\_\_

Current Medical Conditions or History:\_\_\_\_\_

Medications to be taken at *"The Event"*:\_\_\_\_\_

During the course of *"The Event"*, participants may experience minor conditions – such as stomach aches, scrapes, headaches, cramps, twisted joints, or sore eyes from the pool – that require treatment. To avoid making unnecessary calls in the middle of the night, *"The Event"* nurse asks you to approve in advance their administration of the following over-the-counter medications to the participant, as deemed necessary: Tylenol/non-aspirin, Advil, eye drops, cough medicine, decongestant, antibiotic ointment, chewable antacids, and ice, for swelling.

My child may have:

\_\_\_\_ All of the above      \_\_\_\_ none of the above      \_\_\_\_ all of the above, except:\_\_\_\_\_

I give my child permission to attend *"The Event"*, an event of the Minnesota Annual Conference of the United Methodist Church (hereafter referred to as MAC). I assume the risk of my child's participation in the event and wholly release MAC from any responsibility or liability, waive any claim or causes of action against it, and agree to hold harmless MAC in the event any such claim should arise due to injury, illness, loss, death or accident. I understand that in case of emergency, every attempt will be made to contact me as parent or guardian, In case I cannot be reached and care is needed immediately, I give permission for my child's leaders or any leaders of the event, at the suggestion of the nurse, to take my child to the hospital for the care that is needed. I further direct that the hospital and its physicians have my permission to provide care for my child.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)