Adult Registration

Youth Leadership Conference 2012

February 3 & 4, 2012

Registration Fee: $15, postmarked by January 17, 2012
After January 17, 2012, Registration Fee: $30
T-Shirts: $10 – MUST be received by January 17, 2012

Print Clearly! Complete BOTH pages – 1 and 2.

Name: _____ _____ _____
First Last Preferred Name

Birth Date ____/____/____ **Gender (circle):** Female Male

Email Address_____ **Interested in being a part of CCYM ☐**

Mailing Address: _____

City: _____ State: ____ ____ Zip:__ ___ ___ ___ ___ ___

Phone Numbers:(___ ___ ___)___ ___ ___-___ ___ ___ ___ (___ ___ ___)___ ___ ___-___ ___ ___ ___
Home Cell

Local Church (required): _____ GROUP LEADER (required) _____

-I will attend Youth Leadership Conference at the following location:

☐ **Christ UMC, Salt Lake City, UT** ☐ **St. Andrew UMC, Highlands Ranch, CO**

☐ **First UMC, Casper, WY** ☐ **Crossroads UMC/First UMC, Grand Junction, CO**

-I will stay for Sunday Service at my chosen location ☐

-I can provide transportation for Mission Work on February 4th ☐
If checked, I have seats for ____ people

-I would like to order an event t-shirt for $10 (enclosed):
We MUST receive your order by JANUARY 17, to guarantee you receive a t-shirt!

☐ **Adult Small** ☐ **Adult Large** ☐ **Adult XX-Large**

☐ **Adult Medium** ☐ **Adult X-Large**

Please complete the Medical Release and Permission Form on the next page, then mail both pages with your payment to:

Rocky Mountain Conference
Attn: YLC Registration
6110 Greenwood Plaza Blvd.
Greenwood Village, CO 80111

MEDICAL RELEASE/PERMISSION FORM:
Emergency Contact (required)

Contact's Name: _____ _____ Relationship: _____
First Last

Phone Number:(__ __ __)__ __ __ -__ __ __ __ (__ __ __)__ __ __-__ __ __ __

Family Physician: _____ Phone Number: (__ __ __) __ __ __ -__ __ __ __

Insurance Carrier: _____ Group#: _____ Policy#: _____

Date of last Tetanus Shot: _____ / _____ (month/year)

Allergies/Special health concerns/needs: _____

Medication(s) you can NOT take: _____

Medication(s) being taken: _____

Special Dietary Needs: _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Youth Leadership Conference 2011, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the person(s) listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders associated with this group to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

I, the undersigned, who by law may do so, authorize the administration of emergency medical treatment to s/he who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by RMAC/YLC 2011 for any accident, injury or disease incurred by the subject of this form. I understand that in the event that medical intervention is needed every attempt will be made to contact the person(s) listed immediately.

We, the guardian and the participant, also give RMAC/YLC permission to use the participant's image in any publication materials that might be used to promote the ministry in the future.

I have **read** & **agree** with the Permission and Medical Authorization, Behavior Covenant, and the Contact and Photo Release.

Signature of Participant: _____Today's Date: _____

Signature of Parent/Guardian
(if participant is under 18): _____Today's Date: _____

Participant Behavior Covenant

As representatives of Christ and Christ's Church, we, the participants in this Conference Event (Rejuvenation, YLC, District Leadership, CCYM, Mission Team, etc.) take seriously our responsibility to care for one another. This covenant represents our affirmation of our concern for the well being of the total community. We covenant with each other to ensure the safety of all, to make our time together most meaningful, and to care for the facility which we share.

In addition to our general concern for our community, we agree specifically to:

Leave vehicles parked and unoccupied.
Remain on the site unless having been given permission to leave.
Attend all activities including meals.
Observe scheduled curfew by being in rooms, quiet, and not disturbing others.
Never enter the room of someone of the other gender.
Not use tobacco products.
Not use alcohol or illegal drugs.
Not bring animals, weapons, illegal substances, explosives, fireworks, alcohol, or dangerous materials.
Respect the person, equipment and property of others. (This should be considered when considering practical jokes, water fights, use of shaving cream, etc. Do no harm to others.)
We will use language, behavior, and attitudes, which are consistent with the Christian faith.
We agree to participate in every program session and small group meeting.

This covenant is made between each person and the whole group. In the case of a broken covenant, the group will be represented by the Covenant Advisory Team, Associate Director of Mission & Ministry, or equivalent representation from CCYM. I understand that if I break the covenant and if the brokenness cannot be reconciled, that I may be sent home at my own expense and other expenses incurred by me will be charged to me, my parents, and/or my church.

Signature: _____ Today's Date: _____