

**Redeemer Presbyterian Church
Senior High RYM Trip Information
Dates: July 11-17, 2010**

Location: Laguna Beach Christian Retreat Center, Panama City Beach, FL

Cost: \$355

We will be planning some fundraising events to help offset some of the costs of the trip- please make plans to participate in these events!

A \$100 deposit and all the forms are due by Sunday 1/17. The remaining balance (\$255) will be due by Sunday, 4/25.

When you turn in your deposit, you should also turn in the:

1. RYM Individual Registration Form (3 pages)
2. Redeemer Health Record and Consent for Treatment 2010 (2 pages)

Please contact Andy if you have any additional questions (andy@redeemerpca.net; 919.457.2282)



SERVING THE CHURCH • EXTENDING THE KINGDOM

REFORMED YOUTH *Ministries*

2010 INDIVIDUAL REGISTRATION FORM

Must be completed by all students and adults.

Which conference are you attending? (Check all that apply)

- Colorado Senior High Conference (June 14-19, 2010)
- Florida Junior High Conference (June 21-25, 2010)
- Florida Senior High Conference #1 (July 5-9, 2010)
- Florida Senior High Conference #2 * (July 12-17, 2010)
- Pacific NW Jr & Sr High Conference (July 19-24, 2010)

Name _____ Church/Group & City _____

Parent/Guardian Name(s) _____

Phone _____ Cell Phone _____

Address _____ E-Mail _____

Emergency Contact _____ Emergency Phone _____

GRADE/AGE/DESIGNATION							
Rising 7th	Rising 8th	Rising 9th	Rising 10th	Rising 11th	Rising 12th	Rising College	Adult
T-SHIRT SIZE							
Small	Medium	Large	X Large	XX Large	XXX Large		

Dress Code: In an effort to encourage a biblical standard of modesty and to minimize confusion and conflict regarding appropriate dress for a beach conference, the RYM Board has adopted the following regulations.

These are the standards for dress at RYM:

- Modest swim wear is required. No mesh or suits that expose a bare midriff. Swimwear is appropriate to be worn only at the beach and pool areas.
- A t-shirt or its equivalent must be worn to large-group meetings, seminars and the evening meal out must cover shoulders and midriff.
- Underwear should not be visible for young men or young women.
- Parents and students: By signing below, we hereby accept and agree to abide by these rules of dress.

(Parent/Guardian Signature)

(Student Signature)

MEDICAL INFORMATION

Date of Last Tetanus Shot: _____

Please check if the participant has any current or past health problems in the following areas:

Asthma	_____	Glasses	_____	Genitourinary	_____
Heart Disease	_____	Headaches	_____	Neurological	_____
Hypertension	_____	Psychiatric	_____	Muscular	_____
Diabetes	_____	Skin	_____	Circulatory	_____
Blood Problems	_____	Skeletal	_____	Other	_____
Dizziness	_____	Respiratory	_____		
Gastrointestinal	_____	Major Illness	_____		

Please give details of any item checked above: _____

LIST ANY ALLERGIES YOUR CHILD HAS: _____

LIST ANY PRESCRIBED MEDICATIONS YOUR CHILD IS TAKING: _____

DO NOT ADMINISTER THE FOLLOWING MEDICATIONS: _____

DOES YOUR CHILD HAVE ANY OTHER MEDICAL CONDITION THAT WE SHOULD BE AWARE OF THAT MAY HINDER HIS/HER PARTICIPATION? NO _____ YES _____. IF YES, PLEASE EXPLAIN: _____

MEDICAL EMERGENCY:

In the event of a medical emergency: (1) I authorize RYM and its staff or volunteers to contact the emergency numbers, including our primary care physician, or other qualified medical personnel for medical information, records or treatment; (2) I authorize RYM and its staff or volunteers to administer first aid or CPR to my child, if they think it is necessary; (3) I authorize RYM and its staff or volunteers to administer appropriate medication to my child if they deem it necessary, except for any medications listed above; and (4) I authorize RYM and its staff or volunteers to disclose any relevant medical information about my child as necessary for his/her treatment. I understand that I will be solely responsible for any medical, hospital or related charges, which may be incurred, on behalf of my child in connection with any injury, illness or other medical condition suffered by him/her during this trip or as a result of his/her participation in these activities. Upon request, I will reimburse RYM for any charges paid by them on my child's behalf.

NAME OF PARTICIPANT (Please Print) _____

CHURCH/GROUP _____

AGE _____ DATE OF BIRTH _____ GENDER _____

ADDRESS _____ CITY _____, STATE _____, ZIP _____

HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

PRIMARY CARE DOCTOR: _____ PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP POLICY NUMBER: _____

Participant Signature _____

Signature of Parent/Guardian
for participants under 18 years of age _____

Date _____

PRINTED NAME _____

PRINTED NAME _____

**AUTHORIZATION TO PARTICIPATE IN CERTAIN ACTIVITIES
RELEASE AND INDEMNITY (ADULT ON BEHALF OF A MINOR CHILD)**

Please Read Before Signing

I authorize my child to participate in the following activities upon the terms of this agreement (check and initial all that apply):

_____ Swimming and/or Snorkeling

_____ Beach Games

_____ Waterpark Activities

There are risks involved in this activity and/or activities. Your child need not participate. It is your choice whether your child participates in this activity or these activities and to what level. However, in order for your child to participate at any level in this activity or these activities, you must sign this document, and your signature forever waives your right (and your child's right) to sue Reformed Youth Ministries (and its directors, staff, employees and other contracted parties), for any injury (or death) you or your child may suffer arising out of your child's participation in this activity or these activities.

ACKNOWLEDGMENT OF RISK

I acknowledge that there are risks and hazards involved in any of the activities in which my minor child has chosen to participate. These risks include, but are not limited to: Physical injury, trauma, death, emotional injury, and property damage. These hazards include, but are not limited to: falling from a height of 0 to 50 feet above the ground; falling objects; equipment failure; exposure to the sun; cold and severe weather conditions; uneven or unsuspected road; trail or ground surfaces; contact with animals or insects; interference from other activities in the vicinity; high altitude (above 8000 feet); and rigorous physical activity and exhaustion. The activity or activities in which my minor child has chosen to participate may include intense physical challenges which, aggravated by high altitude conditions, may place unusual demand on my minor child's bodily systems. I acknowledge that this is not an exhaustive list of the risks or hazards my minor child may encounter, and that my minor child may encounter unforeseen situations.

CERTIFICATION OF FITNESS AND MEDICAL INFORMATION

I certify that my minor child is completely healthy (both physically and emotionally) and capable of participating in this activity or these activities. My Medical Information lists any medical conditions of which Reformed Youth Ministries should be aware which may hinder participation by my minor child in the activity selected. **However, I understand that it is solely my responsibility to determine whether there is any medical reason that my minor child should not participate in the selected activity.**

WAIVER OF LIABILITY

In order that my minor child may participate in the activity or activities listed above, I forever waive my right (and my child's right) to sue Reformed Youth Ministries (including its directors, staff, employees and other contracted parties) for any injury (including death) my minor child may suffer arising out of his/her participation in this activity or these activities, including transportation, if any, to and from these activities. I understand that by signing this document, all liability of Reformed Youth Ministries (including its directors, staff, employees and other contracted parties) to me and my minor child for any injuries (including death) my minor child may suffer arising out of my minor child's participation in the activity or activities listed above will be forever extinguished.

INDEMNITY

I agree to indemnify Reformed Youth Ministries and its directors, staff, employees, and contracted parties from any liability, loss or damage resulting from my child's reckless or intentional acts.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND ACCEPT THE TERMS OF THIS ACKNOWLEDGMENT OF RISK/WAIVER OF LIABILITY FORM. I FURTHER ACKNOWLEDGE THAT NO ORAL REPRESENTATIONS CONCERNING THE MEANING OF THIS DOCUMENT HAVE BEEN MADE TO ME AS AN INDUCEMENT TO SIGNING THIS DOCUMENT.

SIGNATURE OF PARENT/GUARDIAN (FOR PARTICIPANTS UNDER 18 YEARS OF AGE)

SIGNATURE

DATE: _____

PRINTED NAME: _____

**Redeemer Presbyterian Church
Health Record and Consent for Treatment
All Events for Year 2010**

Parent/Guardian - It is important that you complete the following Health Record. Your son/daughter must turn this form in with the registration.

STUDENT NAME	Last	First	Middle
Date of birth ___/___/___		Age _____	
Address			
City		State	Zip
Student lives with	<input type="checkbox"/> both parents	<input type="checkbox"/> one parent	<input type="checkbox"/> guardian <input type="checkbox"/> other
Name of medical/health insurance company			
Policy and/or group plan number			
Phone # on insurance card (for verification) --include area code			

Does the student have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain.

Does the student have any severe allergies or reactions to drugs or medicines? Explain which drugs and what reaction he/she has had.

Medical History— *Mark N/A if not applicable. If you check a box, please explain further.*

- Insect stings/bites
- Poison sumac/oak/ivy
- Previous operations/illnesses

Is the student presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (name of drugs, dosage, etc.).

Date of last TTb (Tetanus, Dip Tox, booster shot)

Please mark any of the following diseases that your child has had.

chicken pox measles mumps whooping cough

The following non-prescription medications will be available for your child if necessary. Your permission is needed before any medicine can be administered. *Any medication you **DO NOT** wish your child to have should be circled:*

Robitussin (cough & congestion)	Emetrol (nausea)	Chloraseptic (sore throat)	Tylenol, junior strength	Benadryl (anti-itch cream)
Phillips Milk of Magnesia	Children's Tylenol cold medicine	Chlortrimeton (antihistamine)	Pepto-Bismol	Benadryl (antihistamine)

