



March 15-17, 2024

Location: YMCA Camp Hanes

1225 Camp Hanes Road, King, NC 27021

Revised 12/02/2023 * Individual Page 1 of 2 & You must also complete page 2 of this form"

Individual Registration Fee Inclosed (\$150)

\$ _____

Indicate T-Shirt size:

S M L XL 2XL

WNCC Individual Youth Event Registration/Medical Release Form

EACH person attending this event must complete both sides of this form. This form must be properly signed and witnessed. Please type or print legibly. Youth under the age of 18 must also have the permission portions (behavior, emergency medical care and media release) signed by a parent/guardian.

ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD Complete medical information on page 2 of this form

Name you go by _____ Last Name _____

Address _____

City/State/Zip _____

E-mail Address _____

1. BEHAVIOR COVENANT: DO NO HARM

I will not participate in anything that causes harm. I will consider myself and others in the decisions that I make.

DO GOOD

I will treat others with love, grace, and mercy. I will be kind to others and look out for everyone.

I will show hospitality and welcome to all people.

STAY ROOTED IN GOD'S LOVE

I will participate in worship, learning, and fellowship with an open heart and mind.

I will actively search for ways to grow in God's love and in Christian community with others.

I have read the above covenant and I agree to be responsible for my behavior. I agree to abide by this covenant for the benefit of myself and all event participants and leaders.

2. MEDIA RELEASE:

The Western North Carolina Conference (WNCC) of The United Methodist Church reserves the right to use any photograph or video taken at any WNCC-sponsored event, without the expressed written permission of those included within the photograph or video. WNCC may use the photograph or video in media produced, used or contracted by WNCC including but not limited to: brochures, WNCC e-NEWS, books, press releases, magazines, television, websites, etc.

3. EMERGENCY MEDICAL CARE:

In the event that _____ (person attending event) suffers any illness or accident requiring emergency hospitalization while at this WNCCUMC event, I hereby give permission for any necessary hospitalization. I hereby give permission to the physician selected to order x-rays, routine tests and treatment for the health of the above named.

I realize that every effort will be made to contact me and/or the contact person above in case of emergency. In the event that I may not be able to be reached in an emergency, I hereby give permission to a physician to hospitalize / secure proper treatment for / order injection or anesthesia for the above named. I will not hold the WNC Conference of The United Methodist Church nor any other organization/facility/staff associated with this event responsible in the event of accident, loss, or death.

I give permission for medical personnel on site to administer OTC medications listed on the reverse of this form.

Signature of person attending event: _____ Date _____

Signature of parent: Behavior statement agreement, permission to provide emergency medical care if person attending is under the age of 18, and media release:

Parent _____ Date _____

Witness _____ Date _____

Address _____ Phone Number _____

Witness _____ Date _____

Address _____ Phone Number _____

Parent's Work Phone (____) _____ Parent's Cell Phone (____) _____

Individual Registration/Medical

Page 2 of 2: You must also complete page 1 of this form

Name _____ Gender _____ Youth DOB _____

Church _____ District _____

Adult Counselor: Safe Sanctuary-Trained: Yes No Background Check: Yes No

EMERGENCY INFORMATION | ATTACH COPY OF INSURANCE CARD

Contact _____

Relationship _____

Ph. No. #1 (_____) _____

Ph. No. #2 (_____) _____

Medical Insurance Co. **MUST ATTACH COPIES OF INS CARD** _____

Name on Policy _____

Relationship _____

Policy # _____

Special Medical or Dietary Needs _____

Known Allergies _____

Limitations _____

All current medications _____

Possible OTC medications allowed:

Aspirin Tylenol Ibuprofen Neosporin Hydrocortisone Benadryl Cough 'n Cold

Other _____

YOUTH LEADERS: Each participant (youth & adult) is required to complete this form.
Please bring all forms with you to IgniteUs. **DO NOT** mail forms to the Conference Office.
You **MUST** complete a group registration at <https://wnc-reg.brtapp.com/igniteUs2024>

Office use only. Do not write in this space.