

# Youth Alive 2009 Registration

(Turn Registration form in to Your Youth Leader)

Please Photocopy

## General Information

[PLEASE PRINT CLEARLY]

Name \_\_\_\_\_ Sex  M  F Age \_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Participant E-mail \_\_\_\_\_ Phone #1 ( ) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone #2 ( ) \_\_\_\_\_

Vegetarian Meals Food/Drug Allergies \_\_\_\_\_

Local Church \_\_\_\_\_ District \_\_\_\_\_

Attending Youth Alive 2009 as a (check one)  Youth  Youth Leader  Chaperone

### Please Note

For every 7 registered youth, there MUST be at least one registered adult over the age of 21.

If you are a youth, please list your chaperone (s) below.

Chaperone (s) \_\_\_\_\_

## Pastor's Signature

My signature on this form indicates that the all persons attending as a chaperone for our church are aged 21 or over and have had the appropriate background check as required by the Cal-Pac Annual Conference Insurance provider GuideOne. I also affirm that all Youth attending from our church are CURRENTLY in grades 9 through 12.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# Youth Alive 2009 Merchandise

Here's your chance to remember Youth Alive 2009 forever. Please note, T-Shirts and Sweatshirts MUST be preordered.

Hooded Sweatshirt (\$35) Size:  S  M  L  XL  XXL

Crewneck Sweatshirt (\$25) Size:  S  M  L  XL  XXL

(Must be PRE-ORDERED as there will be no Sweatshirts available for sale at the event)

T-Shirt (\$15) Size:  S  M  L  XL  XXL

(Must be PRE-ORDERED as there will be no T-Shirts available for sale at the event)

# Youth Alive 2009 Medical Release Form

I, the undersigned parent or guardian of [Name of Youth] \_\_\_\_\_ a minor, do hereby authorize bona fide officials of Youth Alive sponsored by the California Pacific Annual Conference of the United Methodist Church as agents for the undersigned to consent x-ray, examination, anesthetic, medical, or surgical diagnoses or treatment and hospital care which is deemed advisable and is to be rendered under the provisions for the medical or practice act by the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office or said physician or at said hospital. I hold harmless the California Pacific Annual Conference of the United Methodist Church, Youth Alive, Youth Alive Design Team, its boards, officers, members, clergy, staff, agents, and volunteers from any and all claims, losses, costs, obligation, and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising out of participation of the above mentioned person whether or not arising from any alleged negligence, fault, or legal liability of the California Pacific Annual Conference of the United Methodist Church, Youth Alive, Youth Alive Design Team, its boards, officers, members, clergy, staff, agents, and volunteers. This authorization shall be effective February 13-17, 2009 inclusive. A photocopy or other reproduction of this authorization shall be considered as original. **California Civil Code Section 25.8.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_