



2012 TBA RETREAT PARTICIPANT REGISTRATION/MEDICAL FORM



PLEASE PRINT - FORMS MUST BE RETURNED TO TBA OFFICE BY 1/10 (JYF), 1/17 (CHI RHO), and 2/7 (CYF)

(Please Circle:) JYF Mid-Winter or Chi-Rho Mid-Winter or CYF Mid-Winter

Name _____ Gender **M** **F** Date of Birth _____ Grade: _____
 Parent/Guardian/Spouse's Name _____
 Parent Phone Numbers: home _____ work _____ cell _____
 Address _____ City _____ State _____ ZIP _____
 E-mail: _____ Church/ City: _____

Insurance Company _____ Group # _____
 Insurance Company Claim Address _____ Phone #: _____
 Individual/ Parent's Policy # _____ Relation of Participant to Policy: _____
 Other Insurance Information _____
 Emergency Contact Name _____ Relation to participant _____
 Emergency Contact Phone: home _____ work _____ cell _____
 Give dates and type of operations/accidents within the last two years _____

TBA POLICY STATES NO LATE ARRIVALS OR EARLY DEPARTURES.

For TBA office use only Church Check # _____ Amount \$ _____ Date _____

All MEDICATIONS (prescription & over the counter) MUST BE IN THE ORIGINAL CONTAINER with original label and all instructions attached. Please put Medication's Original Packaging in Zip Lock Bag with the name written on it in magic marker.

Circle all that apply (please note treatments below and feel free to make comments): Not listed: _____

Allergies Asthma Clotting Disorders Convulsions Diabetes Fainting Freq. Ear Infections Upset Stomachs
 High Blood Pressure Hypertension Headaches (frequent) Incontinence Insect Sting/Bite Reactions Joint Problems

List all **food allergies** or **restrictions**: _____

List and describe all known **allergic reactions** _____

Is Participant taking any form of medication? Yes No

List Drugs and Dosages: _____

AUTHORIZATION OF MEDICAL CARE - Trinity-Brazos Area of the Christian Church

In the event of accident or illness, of _____, I, the parent or guardian of this person, agree **NOT** to
 (please print name of youth)
 hold the event director, the staff, the Outdoor Education Department or the sponsoring congregations or denominations responsible for any accident or illness that might occur to my son or daughter while attending the event. ***I hereby grant permission for proper treatment by a licensed physician or hospital, including injection, anesthesia and surgery.***

This form does not need a notary, but you must have a witness other than a family member.

SIGNATURE (Parent's if under 18) _____ **Date:** _____

WITNESS: _____ **Date:** _____

Authorization of Minor Medical Care: Trinity-Brazos Area of the Christian Church (Disciples of Christ) May Disciples Crossing/TBA give your child Tylenol, Benadryl, first aid, and/or topical solutions to treat them for minor pains, aches, and ailments as they should become evident? All medications will be administered in accordance with manufacturer's directions and/or with the physician on call.

Yes **No** **Parent's Signature** _____

TBA Participant Covenant

In the spirit of forming a positive Christian Community while at this event, I agree to the following:

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to participate in all group activities as they are scheduled or announced and be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I will talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.
- **I agree to arrive at the event on time and remain at the event until the event has concluded.**
- I agree to refrain from the following:
 - ✓ Possession and/or use of some substances **even if legal for you outside of the event community** (including alcohol, tobacco products, pocket knives, unreported prescription drugs) **and all illegal substances** (including illegal drugs, weapons, fireworks and explosive devices).
 - ✓ Sneaking out of the dorms after lights out or leaving the event facility at any time without explicit permission of the event director.
 - ✓ Sexual activity, abuse or harassment of any kind (including any activity in violation of law or the purposes of the event).
 - ✓ Willful or thoughtless destruction or abuse of property (including unreported, accidental damages).
 - ✓ Wearing inappropriate clothing. *See TBA Rules for clarification.*

I understand that any violation of this covenant will bring the following specific consequences:

- Immediate expulsion from the event at the expense of the participant's family.
- If the violation involves possession of a weapon and/ or illegal substances that local law enforcement will be summoned.
- I also understand that the minister of my sponsoring church will be contacted regarding serious violations of the Code of Conduct.
- Required letter of apology to the sponsoring congregation and to the TBA Outdoor Education Committee before being allowed back to any event.

I have read the Participant Covenant for the TBA Events. I have discussed my participation with my parents and my minister/youth sponsor. I am prepared to attend Tri-Area sponsored event with a spirit of Christian cooperation and goodwill. I have read and agree to abide by the above covenant.

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

I have read the covenant and discussed it with my child/youth, who is registering for a TBA event. He/she understands the consequences of violating the covenant. I affirm the efforts of the camp leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me in the event that there is a serious violation of the covenant. I will pray for my child and other participants that God's love may be a transforming presence during this week.

PARENT'S SIGNATURE _____ **DATE:** _____

I have read the covenant and am familiar with the TBA policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I will pray for the participants this week that God's love may be a transforming presence. I know and recommend this person for participation in TBA events.

MINISTER'S SIGNATURE _____ **DATE:** _____