

PLEASE PRINT LEGIBLY! Winter Event February 10-12, 2012

Name _____ Address _____

City _____ State _____ Zip _____ e-mail _____

Phone (with area code) _____ Church _____

Age _____ Grade _____ Adult _____ (include age) Gender (circle one): **Male Female**

I agree to participate in all activities at CCYM. I agree to not participate in the use of drugs, alcohol or profanity during this event. I agree to be present at all group activities on time and in an orderly fashion. I agree to refrain from any sexual activity or inappropriate displays of affection during this event. I agree to treat all persons, regardless of race, religion and culture, with respect and consideration. I will refrain from the illegal purchase or use of tobacco products. I will respect the facility we are using and realize should damage occur because of my negligence, I am responsible. I will not use electronic game equipment, walkmans, iPods or other items that may distract me from participation. Any equipment brought will be left in a locked vehicle during the CCYM week-end. I will not bring or use any weapons, fireworks, pornographic materials or any other inappropriate items. I will not abuse others including: Physical Abuse (strike, spank, shake, slap); Verbal Abuse (humiliate, degrade, threaten); Sexual Abuse (including inappropriate touching, exposure and comments); Mental Abuse (inconsistent standards, communicating one behavior and rewarding the opposite). I will portray a positive role model for others by maintaining an attitude of respect, loyalty, patience, integrity, courtesy and maturity. Above all, I agree to have fun at CCYM!

I have read the "Covenant of Conduct" and fully agree with the conditions. I understand that I will be excused from participating in CCYM activities or sent home at the expense of my parents (youth campers) if I violate any conditions of this covenant.

Youth Camper Signature

Adult Camper Signature

Pastor and Youth Director: I am aware that the above youth or adult sponsor/youth director has chosen to participate in the CCYM Winter Event. He/she understands the above covenant and agrees to behave accordingly.

Youth Director's Signature

Pastor's Signature

MEDICAL INFORMATION

Name of Insured _____

Emergency contact Phone #1 _____ #2 _____

Social Security #(if needed for insurance i.d.) _____ Insurance Co. _____

Group and/or policy # _____

Medical, Emotional or Legal Conditions to be aware of while camper is at camp:

Check if none

I understand that ALL medications - prescription and over the counter - will be turned into the camp health aide. This is done for the protection of all campers.

All known allergies including medicines:

Do you have special dietary needs? (Diabetic, etc.) Please let us know what they are so the camp can be notified. (Medical, Allergies, etc - not dislikes!)

Parent Authorization, Consent and Release Form

I, _____, am the parent or legal guardian of _____ who was born _____ 19____. I warrant that I possess all the rights, powers and privileges of a parent or legal guardian necessary to execute this document with binding legal effect.

As the parent or legal guardian of the above-named student, I certify and affirm that I have been completely and thoroughly informed that as a child attending a Conference Camp, New Mexico Annual Conference of the United Methodist Church, at Sacramento Methodist Assembly, my child may participate in certain activities which carry with them a degree of risk and danger. Examples of risk and dangerous activities may include but are not limited to: 1) physical activities both indoor and outdoor; 2) sports, both formal and informal; 3) use of recreational equipment; 4) travel by automobile; 5) hiking. I understand that CCYM at Sacramento may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities. I understand and acknowledge that this Parental Authorization, Consent and Release Form has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with these activities.

In consideration of my child being allowed to participate in these activities and to use the equipment and facilities of Sacramento Methodist Assembly, CCYM Camp, and the associated churches, on behalf of my child, I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless the Sacramento Methodist Assembly, CCYM and associated churches from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of the Sacramento Methodist Assembly, the CCYM, and the associated churches' equipment and facilities.

In cases of emergency, I further consent to examination of my child by a physician duly licensed to practice medicine in the state of New Mexico or any health care professional duly licensed to provide health care services in the state of New Mexico for medical care and service deemed necessary by Sacramento, or the Conference, or the associated churches, their agents, servants and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I agree to allow images of my child to be used for publicity or promotion purposes for Sacramento Methodist Assembly and/or the Camping Ministries of the UMC, New Mexico Conference. My child will not be identified by name, local church, town or city. If I prefer that his/her image not be used a letter so stating this is attached to the camp form.

I understand that it is my obligation to inform the management, coordinators, servants, and employees of the Sacramento Methodist Assembly, CCYM and associated churches of any and all health considerations or medical conditions that would restrict my child's participation and activities while at Sacramento, CCYM. Should the need for medical attention arise, Sacramento and the CCYM and associated churches will attempt to contact me as soon as practical under the circumstances.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the Sacramento Methodist Assembly, CCYM, and the associated churches on the basis of any claim from which I have released therein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I have fully informed myself of the contents of this Parental Authorization, Consent & Release Form by reading it before I signed it.

Parent Signature _____

Date _____