



## 2013 TBA RETREAT PARTICIPANT REGISTRATION/MEDICAL FORM



**PLEASE PRINT - FORMS MUST BE RETURNED TO TBA OFFICE BY 10/8 (XP) and 10/29 (CYF)**

(Please Circle:) Chi Rho Fall Retreat or CYF Fall Retreat (Friday) or CYF Fall Retreat (Saturday)

Name \_\_\_\_\_ Gender **M** **F** Date of Birth \_\_\_\_\_ Grade: \_\_\_\_\_  
 Parent/Guardian/Spouse's Name \_\_\_\_\_ Email: \_\_\_\_\_  
 Parent Phone Numbers: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Church/ City: \_\_\_\_\_ Minister: \_\_\_\_\_ Minister's Cell or Phone # \_\_\_\_\_

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.**

**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) and respecting personal boundaries in showering and bathroom space.
  - ✓ 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:** \_\_\_\_\_