

Mission South 2017

OFFICE USE ONLY

Registration Forms: Bluebonnet/Coastal Plains Areas

EVENT: _____ DATE OF EVENT: _____

INCOMPLETE FORMS CAN NOT BE ACCEPTED - TYPE OR USE BLACK INK -

Participant's Name: _____ Male Female Age Now: _____

Date of Birth: _____ Indicate Grade Completed by June 30, 2017 or Adult: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Participant's Email (OPTIONAL): _____ Church Name: _____

Please choose T-Shirt Size (not provided at all events)

Y-S (6-8) Y-M (10-12) A-S (34-36) A-M (38-40) A-L (42-44) A-XL (46-48) A-XXL (50-52)

ALL SIGNATURES BELOW ARE REQUIRED

PARTICIPANT	<p>Covenant of Conduct I agree that as a participant in a Bluebonnet/Coastal Plains Area of the CCSW event, I am expected to follow certain standards which promote a healthy event experience for all. In keeping with these standards, I will not bring alcohol, illegal drugs, fireworks or firearms to the event, nor will I engage in hazing, verbal or physical abuse, or inappropriate sexual behavior. I understand if I fail to comply with the above I will be sent home from the event and my parents/guardians, minister and/or youth minister will be called.</p> <p>I will not intentionally cause the destruction or abuse of facilities and property. I will not bring tobacco products of any kind. I will not change my physical appearance while at the event. I will not bring any items which might interfere with the purpose of the event (electronic devices, stereos, skates, skateboards, scooters). I understand that use of personal music devices with headphones will be restricted to sleeping areas. I am aware that the event will be providing my meals and that it is not necessary to bring any personal food items and that food is not allowed in sleeping areas. I agree to follow the daily schedule arranged for the event at all times. I understand that I will not ride in a motor vehicle while at the event (except for a scheduled event activity) and that participant's vehicle keys and cell phones will be given to the director upon arrival. At no time will I leave the event site. I understand that there will be no visitors allowed (including family) while this event is in progress and there will be no visitation in rooms designated for the opposite sex.</p> <p>If I should not act in accordance with this covenant while attending a Mission South event, I realize I may be disciplined at the director's discretion. My parents/guardians and my minister will be notified. By my signature on the registration form for this event, I am indicating that I have read and accept this covenant with the expectation of an experience which leads to my own spiritual growth and enjoyment.</p> <p style="text-align: right;">_____ Signature of Participant</p>
PARENT / GUARDIAN	<p>I hereby acknowledge that my child has accepted the responsibility of honoring the Covenant of Conduct. I also acknowledge that I have read and understand the Covenant and agree to abide by it. I understand if my child is sent home, it is my responsibility to come to the event and pick him/her up immediately.</p> <p>In case of medical emergency, the BBA/CPA will attempt to secure the best medical care available. I hereby give permission to the physician selected by the Event Director to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for my child. I release the BBA/CPA of the CCSW and its agents from liability for injuries to my child and agree to be responsible for expenses beyond the limits of the health and accident insurance provided for in the fees.</p> <p>Photographs of your child may appear on websites or in print unless you check "No" in the following box NO <input type="checkbox"/></p> <p style="text-align: right;">_____ Signature of Parent/Guardian</p>

COMPLETE ALL SECTIONS - INCOMPLETE FORMS WILL BE RETURNED WITHOUT REGISTERING

EVENT: _____ Participant's Name: _____

EMERGENCY CONTACT INFORMATION

Guardian(s): _____ 1st Phone: _____

Email: _____ 2nd Phone: _____

Church Sponsor: _____ 1st Phone: _____

Email: _____ 2nd Phone: _____

MEDICAL INFORMATION – (See Page 1 for Medical Release Signature)

Insured's Name: _____

Medical Ins. Co. _____ Policy # / Grp # _____

Drug Ins. Co. _____ Policy # / Grp # _____

A physical exam is not required, but highly recommended. This is especially true if you have questions concerning your child's health and activities at this event. Please complete all medical questions on this form. Participants will be covered by insurance for each event.

Prescription Medications: RX Name / Amount / Frequency					
Participant uses: <input type="checkbox"/> epinephrine injectors <input type="checkbox"/> inhalers <input type="checkbox"/> insulin injections <i>All must be in original prescribed packaging.</i>					
Over-the-Counter Medications: Name / Amount / Frequency					
<i>Please make sure that a participant who must receive medication during camp brings a sufficient quantity of the medication with him/her and that the medication arrives in the original container with dosage and storage instructions. Participants who take medication for psychological or attention disorders need their medication for a good event experience. Please send such medication with the participant unless otherwise directed by a health care professional.</i>					
Recent Hospitalization (Reason)					
Allergies	Type of Reaction				
Date of Last Tetanus Shot	Dietary Restrictions				
Physical Limitations/Restrictions					
Conditions, concerns, or information of which we should be aware?					
Recent injuries, surgeries, or chronic issues with joints or spine? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, explain:					
CHECK THE CONDITIONS WHICH THE PARTICIPANT HAS HAD OR IS NOW SUBJECT TO:					
<i>Please provide additional information for any checked items. Attach additional pages as needed.</i>					
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heat Stress
<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Recent Illness
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Recent Exposure to Contagious Disease
<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Sleepwalking
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Chronic Infection	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	

Please type or print; complete all blanks on both sides of form; obtain all specified signatures, and return form to your church. Make checks and other forms payable to your church and return to them. The church will send completed forms with fee payment to:

**Coastal Plains Area-CCSW
713.789.8822
11750 Memorial Drive, Houston, TX 77024**