

YOUTH EXCELLING IN LEADERSHIP

COVENANT COLLEGE JULY 5-10, 2010

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ADULT REGISTRATION

NAME	AGE	MALE / FEMALE
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL ADDRESS	
HOME CHURCH		
CITY	STATE	

Adult Cost: \$185

Cost includes lodging, meals, and conference materials

Please select your travel plans:

- I plan to fly to Chattanooga and will need someone to pick me up at the airport
- I will not be flying and plan to drive to Covenant College

Please check which conference this is for you:

- 1st Conference
- 2nd Conference
- 3rd Conference
- 4th Conference

My t-shirt size is (Note: If we do not receive your shirt size, you will not receive a shirt!):

- Small
- Medium
- Large
- X-Large

Other Requests:

Release of Liability for Sexual Harassment or Abuse

Please have a Pastor or Clerk of Session read carefully and sign below.

“By virtue of our participation in the CEP/YXL camp, we assume the responsibility to screen all adults who participate on the project to ensure that no one with a background of child sexual abuse participate. We also agree to do a criminal background check when questions arise from the screening process which warrant such a step (see page 81 in Reducing the Risk of Child Sexual Abuse.) We assume full responsibility for the conduct of our adults and release the Presbyterian Church in America (a corporation), Christian Education & Publications/Christian Youth Leadership from any responsibility for the conduct of our adults in their relationships with our youth or the youth from the other churches or any other youth which might be involved in this project.”

PASTOR / CLERK OF SESSION SIGNATURE	POSITION	DATE
CHURCH	CITY	STATE

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CEP Adult Release Form Adult Participants (18 and over)

CAMP LOCATION	PARTICIPANT'S NAME		
CAMP DATES	BIRTH DATE (MO/DAY/YR)		
HOME ADDRESS			
CITY	STATE	ZIP	
HOME CHURCH	CITY	STATE	
PERSON TO CONTACT IN CASE OF EMERGENCY	EMERGENCY CONTACT PHONE		

Camp Insurance Coverage and Requirements

1. ACCIDENT (MEDICAL) INSURANCE (provided)
Christian Education & Publications provides \$10,000 Accident medical insurance for participants in our camping/retreat programs. This is designed to provide for the immediate needs of any participants who might become injured while traveling to or from and while participating in a scheduled program. This also includes \$5,000 for accidental death and dismemberment. There is a \$50 deductible. Participants are insured, roundtrip, from departure to return. Losses of personal property are not covered. Claims payment is integrated with any existing coverage of the injured party.
2. SICKNESS (MEDICAL) INSURANCE (required)
Each participant is responsible for covering any medical expenses incurred on account of sickness/illness or injury. Please indicate your health insurance below:

NAME OF INSURANCE COMPANY	NAME OF POLICY HOLDER
POLICY NUMBER (IT WOULD BE HELPFUL IF YOU COULD INCLUDE A COPY OF YOUR INSURANCE CARD)	

Immunizations and Medical Consent

1. "I have had a TETANUS BOOSTER within the past 10 years."

_____Yes _____No

(An updated tetanus booster is required every 10 years.)

2. What medication(s), if any, will you be taking during the camp (and for what purpose)?

3. Have you been treated or are you being treated for any disease, health conditions or allergies that we need to be aware of? If so, please list.

In the event of a medical emergency, I hereby consent to the NECESSARY AND PROPER TREATMENT, surgery, and/or anesthetic by a licensed physician or health care professional for myself."

PARTICIPANT'S SIGNATURE

DATE

Release of Liability

I am aware of the potential risks to me and my property as I participate in CEP/YXL's Camp Program. I understand that some of the activities will involve physical exertion and risk taking (activities such as hiking, ropes course, and paintball). With this understanding, I agree to participate in the CEP/YXL Camp Program, holding said organization, their representatives and employees blameless for my participation. I agree to hold CEP harmless of and from any liability for personal injury and/or property damage, including demands, losses, costs, expenses, and damages arising out of or in any conjunction with such activities regardless of the cause.

PARTICIPANT'S SIGNATURE

DATE