

# Adult Leaders Registration Form for Feb Camp 2010

Please fill out three sides (7 items). Adult Leaders must be 23 or older, and return this form with payment as indicated below.

## 1 Who are you? NOTE: We must receive a registration form for each youth and adult adviser, even if they are from the same family or church.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Church: \_\_\_\_\_ City where located: \_\_\_\_\_

## 2 Authorization All adults who attend Feb Camp must have a Criminal Background Check clearance on file at the Northern California Nevada Conference Office and authorization from an event leader or local church leader. If you are not sure whether you have a background check on file, please contact Sara Steenhouse, [sara@ncncucc.org](mailto:sara@ncncucc.org) or 510-435-1967. Background Check forms are available on the conference website at [www.ncncucc.org](http://www.ncncucc.org).

This is to acknowledge that \_\_\_\_\_ (name of chaperone) is serving as the agent of the above named church at Feb Camp 2010, to chaperone and lead youth affiliated with this congregation and other attending youth as needed. I affirm that this person is known to me and I am aware of no reason why this person should not be placed in a position of leadership and responsibility for high school aged youth.

\_\_\_\_\_  
Signature of Pastor, Youth Ministry, Christian Ed. Staff or Event Leader      Title      Date  
\_\_\_\_\_  
Printed Name

## 3 Youth Event Transportation Policy

**NOTE:** All persons transporting youth to and from Feb Camp must be 21 years of age or older. Youth under 18 years of age are not permitted to drive themselves to Feb Camp. Any person violating this policy will not be allowed to drive home. All participants will be subject to the terms of the Outdoor Ministries Reconciliation Process in order to participate in future youth events. If someone besides a custodial parent is driving your youth, the Youth Transportation Release must be completed by the custodial parent. **The signed form must be in the possession of the driver indicating permission to transport the minor named on the form.**

## 4 Youth Event Covenant (All participants are required to sign the covenant – youth and adults.)

I agree to participate in scheduled activities, sharing my gifts, my enthusiasm, and my concerns.  
I agree to help create a community of love, acceptance and caring for all persons attending this event.  
I will care for and respect my body by not using alcohol or other drugs, and I agree not to bring those items to this event.  
I agree not to take part in inappropriate sexual behavior.  
I will love and respect the world God created, caring for it and avoiding any activity that would hurt the environment.  
I agree to respect the property of others.  
I agree to observe the specific rules of the Feb Camp Youth Event.  
I understand that if I violate any aspect of the above covenant, I may be required to leave the event and/or participate in a process of reconciliation in order to participate in future youth events.

\_\_\_\_\_  
Signature of Participant      Date

**5 Registration** (To pay by credit card, fill out the Credit Card Payment Form and mail with registration.)

**Adult Leader Fee: \$145**

**Note:** This camp fills early. If you and your youth group register after January 29, you may be placed on a waiting list. Absolute deadline is 5 p.m., Thursday, Feb. 11. No onsite registrations accepted.

**Cancellation Policy:** In the event the cancelled registration is filled, refunds will be given minus a \$25 processing fee. Cancelled registrations will be transferred by the Registrar to the next person on the waiting list.

**Too late for snail mail? You may register by phone with a credit card and send paperwork by mail!!**

Please make checks payable to: "NCNC UCC" with "Feb Camp 2010" on the memo line.

Mail to:

Feb Camp Registrar  
NCNC UCC  
21425 Birch St.  
Hayward CA 94541

For registration questions, contact:  
Joy Davis, camp registrar  
510-247-8995  
[joy@ncncucc.org](mailto:joy@ncncucc.org)

**6 Share your gifts!**

**What are the gifts you can share with our youth at the retreat?**

Please tell us about your special talents (1 check to indicate experience, 2 checks to indicate ability to lead)

Story telling  
Discussion Leader  
Crafts

Game Leader  
Sports  
Worship

Drama  
Nature  
Music

First Aid  
Dance  
Other\_\_\_\_\_

**Please complete health form on next page.**

# 7 Health Form

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Doctor's Name & Phone: \_\_\_\_\_

Dentist's Name & Phone: \_\_\_\_\_

Eye Doctor's Name & Phone: \_\_\_\_\_

Accident/Health Insurance Provider: \_\_\_\_\_

Phone number: \_\_\_\_\_ Policy No. \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Do you have any condition or limitation the leaders should know about to assure your well being at this event?

Please explain: \_\_\_\_\_

Have you had any major illness at any time which will affect your ability to participate in any activity?

Please explain: \_\_\_\_\_

Allergies: Type, description of symptoms, etc. \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

## As-needed Medications

**Do not bring the listed medication.** If these non-prescription drugs, or an equivalent, are acceptable treatment for the listed symptoms, they will be provided.

Symptoms	Treatment	NO	Symptoms	Treatment	NO
Upper Abdominal Pain	Liquid Maalox		Eye Irritation	Visine AC	
Nausea	Maalox		Fever, Flu; Headache	Ibuprofen, Acetaminophen	
Allergy, Hives, Bites	Chlortrimatron, Benadryl		Menstrual Cramps	Ibuprofen, Acetaminophen	
Acute respiratory reaction to insect bites	Adrenaline		Muscle Spasm	Ibuprofen	
Congestion	Sudafed		Poison	Ipecac or Charcoal <b>Doctor will be called first</b>	
Constipation	Milk of Magnesia		Rash	Cortaid Cream	
Cough	Robitussin DM		Sinusitis	Sinutab	
Cuts	Hibacens and Polysporin		Sore Throat	Throat Lozenge, Acetaminophen	
Diarrhea	Imodium AD		Sunburn	Solarcaine (If not allergic to -caines) & Ibuprofen	
Earache	Auralgan (If not allergic to -caines), Sinutab, Afrin		Vomiting	Pedialite	

Medications: Dosage and interval: \_\_\_\_\_

Purpose: \_\_\_\_\_

**NOTE: Fill out a Prescription Form for each medication to be administered during the event. Medications must be in their original packaging and will be administered by the health supervisor during the Youth Event.**

Other things we should know for your well being? \_\_\_\_\_

The above information may be changed as needed by calling the registrar at 510-247-8995 or by e-mailing [joy@ncncucc.org](mailto:joy@ncncucc.org)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_