

REGISTRATION AND HEALTH FORM

NATIONAL YOUTH CONFERENCE BUS TRIP JULY 17-28, 2018

Please return with \$200.00 non-refundable deposit made out to the Virgina District (memo line: Youth NYC bus trip) by March 1, 2018
Remaining \$700.00 due by June 30, 2018.

Name of Attendee _____ Date of Birth _____ M ___ F ___
Last First MI

Home Address _____
Street City State zip code

Parent/Guardian _____

Home Address _____
Street City State zip code

Home Phone _____ (work or cell) _____

Insurance Information

Is the participant covered by family medical/hospital insurance? _____

Carrier or Plan Name _____ Group # _____

****Please attach a photocopy of the front and back of the health insurance card to this form****

Parent/Guardian Authorization

This health form has been completed accurately and to the best of my knowledge, and the participant has permission to participate in all activities except as noted. I hereby give permission to the event leaders to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the event leaders to arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the event leaders to secure and administer treatment, including hospitalization, for the person named above. *I have read and agree to abide by the "Trip Covenant" signed below.* This completed form may be photocopied for trips off premises.

Signature of parent/guardian or adult participant _____

Printed Name _____ Date _____

Trip Covenant

I willingly sign up for the NYC 2018 Virgina bus trip and fully understand that I will be expected to respect the rules of the bus company, hotel establishments, touring sites, college campuses, and the leadership of the Virgina District. I understand that failure to comply with schedules, expectations, or the above may be cause for disciplinary action including but not limited to restricted participation in events outings, parental involvement, and potentially being sent home at my expense. I am ready to experience this trip and be a positive representative of our church!

Signature of minor or adult participant _____

(See other side for more information)

Allergies (List)**Describe Reaction and Management of the Reaction**

<i>Medication Allergies:</i>	
<i>Food Allergies:</i>	
<i>Other Allergies (include bee stings, Asthma, animals, etc.)</i>	

Explain any restrictions to activity. (e.g., what cannot be done, what adaptations/limitations are necessary?) _____

Medications

Please list ALL medications (including over-the-counter drugs) taken routinely. Bring enough medication to last for the entire event and please keep it in the original packaging bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. Do not share medications with another.

Medicine	Dosage	Specific Times of the Day	Reason for Taking

General Information

Has/Does the Participant:	Yes	No	Explain any "yes" answers
Had any recent injury, illness, or infectious disease?			
Have a chronic or recurring illness condition?			
Have frequent headaches?			
Wear glasses, contacts, or protective eye wear?			
Ever passed out during or after exercise?			
Ever had seizures?			
Ever been diagnosed with a heart murmur?			
Ever had back problems?			
Have an orthopedic appliance being brought to event?			
Have diabetes?			
Have asthma?			
Have problems with sleepwalking?			
If female, have an abnormal menstrual history?			
Ever had an eating disorder?			
Ever had hepatitis?			

Tetanus Immunization

Date of most recent immunization _____

Name and Phone of Family Physician _____

Return this completed form with payment to:

Mary St. John, 3402 Plantation Road NE, Roanoke, VA 24012

Checks should be made out to **VIRGINIA DISTRICT**. (Write youth NYC bus trip on memo line)

***Please remember to attach a photocopy of the health insurance card – front and back.**