

# Youth Annual Retreat Registration

**PARTICIPANT INFORMATION** PLEASE CIRCLE ONE: **ADULT** **YOUTH**

Name \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(please print clearly)

Cell Phone: \_\_\_\_\_

Local Church: \_\_\_\_\_ District: \_\_\_\_\_

Counselor: \_\_\_\_\_ Counselor e-mail: \_\_\_\_\_

**WORKSHOP REQUESTS**

Workshops are required for youth. Please list your first three choices for the workshop sessions on Saturday. Adults are encouraged to attend the Youth Workers' Lounge during the workshop times. You do not need to register for the Youth Workers' Lounge.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Help at YAR**

We are looking for youth to help in reading scriptures and prayers at YAR. If you are interested please check the box below

Worship Reader

**Roommate Request**

Please list up to four youth/peers with whom you would like to room

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**ADULT COUNSELORS**

Adults are expected to participate in the leadership and to help supervise all participants.

Please list the names of youth for which you are responsible-max 7

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

- I will be a positive Christian role model in my behavior at YAR.
- I will follow and enforce the rules and policies of the IGRC and campsites.
- I have never been convicted of child abuse or molestation.
- I authorize you to do a police background check.

**IF PARTICIPANT IS A YOUTH, THE FOLLOWING SIGNATURES ARE REQUIRED.**

"I grant permission for my child to attend YAR and understand I am responsible to transport this youth home if found in violation of the rules. I also understand that if the youth group leaves the grounds for purposes not associated with the event, I will not hold the Illinois Great Rivers Conference responsible for my child until they return."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

"I grant permission for the Illinois Great Rivers Conference the use of my child's photo for marketing purposes."

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IF PARTICIPANT IS AN ADULT COUNSELOR, THE FOLLOWING SIGNATURES ARE REQUIRED.**

"I have read the rules and the description of the responsibilities of adult sponsors, agree to obey all YAR rules myself, and understand that I am responsible for supervising the behavior of the youth."

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you do not authorize the person completing the reference form to mail references without your review, please sign the reference form after you have reviewed their answers. Please submit your entire group's registration together in one envelope.

# Health History

Event Name: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Please complete the following history as possible. A health examination by a physician is only necessary if a participant has been exposed to a contagious disease or is recovering from severe injury or illness. This information will enable a healthcare facility to treat you/your child with minimum delays in case of an emergency. Adult participants should also complete this form.

## Allergies/Health Problems

Chronic or recurring illness and/or concerns of a physical or emotional nature (please be specific.) \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_

Allergies (food, medication, other) \_\_\_\_\_

Date of last Physical \_\_\_\_\_ General Health Appraisal \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Are all immunizations up-to-date? \_\_\_\_\_

List any restrictions \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Are there any other concerns of which the staff should be made aware? \_\_\_\_\_

## Health and Accident Coverage

Participants will be covered by a health/accident policy that will pay for the first \$250 of health care, and the balance over that amount is not collectible from the users' other insurance coverage up to policy limits.

Insurance Company	Policy Number	<input type="checkbox"/> group <input type="checkbox"/> individual Type of Policy
Name of Policy holder	Parent/Guardian, Social Security Number (requested by hospital)	

Policy holder's Employer and Employer's Address

## Authorization for Medical Treatment

In registering for this event the parent/guardian/person authorizes the Illinois Great Rivers United Methodist Conference to secure medical treatment for this participant in case of any illness or accident for which the Coordinator or first-aid personnel feels professional medical attention is required. I hereby give permission to the physician selected by the Coordinator/first-aid personnel/designated staff member to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for me/my child as named.

Signature of Parent/Guardian/Participant of legal age \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_

Please list any special medical, dietary, or physical needs: \_\_\_\_\_

## In Case of Emergency, Notify

1. Grandparent/Relative/Friend \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Grandparent/Relative/Friend \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street & Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Release of Liability

The Illinois Great Rivers Conference offers a wide variety of services and voluntary activities designed to enrich the youth experience.

Consequently, a properly executed Release of Liability is required before anyone may attend Youth Annual Retreat as either a youth or a leader. Such a Release of Liability is set forth below. If you are a prospective Youth or Adult volunteer under eighteen years of age, one of your parents or your legal guardian must print his or her name below and then sign and date the line designated "Parent or Guardian of Minor Youth or Adult Leader" If you are a prospective youth or adult leader eighteen years of age or older, you must print your name below and then sign and date the line designated "Adult Leader." You are encouraged to consult an attorney if you have any questions about the meaning of this document. In addition, you are encouraged to contact the Conference Camping & Retreat Ministries office by phone at 217.529.2646 or 217.529.3007 or e-mail to [camping@igrc.org](mailto:camping@igrc.org) if you have any questions about the service or activities provided at YAR.

**By signing below \_\_\_\_\_ (print neatly the appropriate name as described above, either parent of youth under 18, or youth or staff 18 and older) acknowledge and agree to the following:**

- I understand that my participation in youth activities and receipt of youth services is voluntary;
- I understand that in order to participate in certain off-site YAR activities, I will be transported in a licensed, insured vehicle of the Illinois Great Rivers Conference or in some instances a privately owned vehicle;
- I understand that in the case of a medical need not requiring on-site emergency medical treatment that I may be transported by a licensed, insured vehicle of the Illinois Great Rivers Conference or in some instances a privately owned vehicle;
- In consideration of attending a Youth Annual Retreat as a youth or adult leader, I expressly assume the risks of such attendance. Further, for myself and on behalf of my executors, administrators and heirs, I release and hold the Illinois Great Rivers Annual Conference of the United Methodist Church, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from my attendance at the Youth Annual Retreat for injury to my person or property or my death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law, or (as appropriate);
- In consideration of my child's or ward's attendance at a United Methodist Youth Annual Retreat, I, for myself and on behalf of my minor child or ward and his or her executors, administrators and heirs, give permission to my minor child or ward to participate in any of the activities identified above subject to the limits identified on Health Form attached hereto and release and hold the Illinois Great Rivers Annual Conference of the United Methodist Church my child or ward attends, including the owners, trustees, officers, employees, agents and volunteers of these entities, harmless from any and all claims or suits arising in any way from the child's or ward's attendance at a United Methodist Youth Annual Retreat for injury to my child or ward or his or her property or his or her death caused by the negligence of these entities and/or individuals to the fullest extent allowed by law.
- I have read and understand the risks summarized above;

Signature of Parent/Guardian of Minor \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Adult Leader \_\_\_\_\_ Date : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

**Adult Sponsor Reference and Background Check**  
**Illinois Great Rivers Conference Camping/Retreat and Youth Ministries**  
 (For persons age 18 and older)

Name: \_\_\_\_\_  
Last Name                                      First Name                                      Middle                                      Other Last name (e.g. maiden name)                                      Nick Name/Name you go by

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Gender:  Male     Female      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
Street # and Street Name                                      Apt #                                      City                                      State                                      Zip

Home Phone: (\_\_\_\_) \_\_\_\_\_      Work Phone: (\_\_\_\_) \_\_\_\_\_      Cell Phone: (\_\_\_\_) \_\_\_\_\_

County: \_\_\_\_\_      Driver License State: \_\_\_\_\_      Driver License Number: \_\_\_\_\_      Expires: \_\_\_\_\_

Previous residence(s) for last 5 years (include college and home residences):

City	State	Years

- Yes  No Have you ever been convicted of any crime relating in any manner to children and/or your conduct with them? If yes, please explain on a separate sheet.
- Yes  No Have you ever been convicted of any crime including, but not limited to, those listed below and/or any crime similar in any manner to those listed below? If yes, please explain on a separate sheet.
  - Indecent assault and battery on a child under fourteen
  - Indecent assault and battery on a mentally retarded person
  - Indecent assault and battery on a person who has obtained the age of fourteen
  - Rape
  - Rape of a child under sixteen with force
  - Assault with intent to commit rape
  - Kidnapping of a child under sixteen with intent to commit rape
  - Distribution and trafficking of narcotics or other controlled substances
  - Intent to commit any of the above crimes
- Yes  No Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children? If yes, please explain on a separate sheet.
- Yes  No Are you now or have you ever been subject to any court order involving sexual or physical abuse of a minor, including, but not limited to a domestic order or protection? If yes, please explain on a separate sheet.
- Yes  No Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children? If yes, please explain on a separate sheet.

I understand that:

- a. The IGRC may deny employment/ volunteer service to any person who answers any of questions above in the affirmative.
- b. In applying for an IGRC staff/volunteer position the information which I have furnished on this form is subject to verification, which may include a criminal history check and request from any Central Registry of child abusers.
- c. The IGRC may terminate employment/ volunteer service of any person:
  - 1) found to have a history of complaints of abuse or a minor and/or
  - 2) found to have resigned, been terminated or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse of a minor.
- d. This disclosure statement must be updated yearly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BACKGROUND CHECK PERMISSION**

I, \_\_\_\_\_ give permission to the Illinois Great Rivers Conference to run a criminal background check, which will include the National Registry of Sexual Predators. This background check requires my Social Security Number and, in case of a driver's license background check, my driver's license number.

Name, printed: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**REFERENCES:**

Please list two personal references (people who are not related to you by blood or marriage) and provide **complete** address, phone contact information for each. References will remain confidential.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Your relationship to reference: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Your relationship to reference: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

## Report of UM Youth Workers

In order to facilitate communication between the local church, UMYF group, and the Conference Youth Ministry Team, we request the following information.

Return this form to: Conference Ministry Team, Attn: YAR P.O. Box 19207, Springfield, IL 62794-9207.

**CHURCH INFORMATION:**

Church: \_\_\_\_\_

District: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Is the pastor an active sponsor of your church's youth group programs?: \_\_\_\_\_

**CHURCH YOUTH MINISTRY LEADERSHIP:**

1. Name: \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Please list major areas in youth ministry for which this person is responsible in your church:

2. Name: \_\_\_\_\_

Church Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Please list major areas in youth ministry for which this person is responsible in your church: .

What are the Youth Ministry opportunities that meet regularly?



# T-shirt Order Form and Payment Record

**CHURCH NAME:** \_\_\_\_\_

A limited number of t-shirts will be available for \$15.00. To be guaranteed t-shirts please pre-order. Submit payment for the t-shirts with the registration fee. T-shirts are \$15.00 and are not a part of the registration cost.

Indicate the total number of T-shirts next to the size:

Youth sizes:

YM \_\_\_\_\_

YL \_\_\_\_\_

Adult sizes:

S \_\_\_\_\_

M \_\_\_\_\_

L \_\_\_\_\_

XL \_\_\_\_\_

XXL \_\_\_\_\_



**TOTAL NUMBER OF T-SHIRTS:** \_\_\_\_\_

## Local Church Payment Record

**TOTAL NUMBER OF REGISTRANTS**

\_\_\_\_\_ x \$115.00 By September 28

**TOTAL REGISTRATION \$** \_\_\_\_\_

+ \_\_\_\_\_ T-Shirts x \$15.00 \_\_\_\_\_

**GRAND TOTAL \$** \_\_\_\_\_

Please make checks payable to IGRC.

# Signature Page

Participants Name \_\_\_\_\_ (Please print clearly. **Required**)

### AUTHORIZATION FOR MEDICAL TREATMENT

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Signature of Parent/Guardian/Participant of legal age \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

## Youth Annual Retreat Registration Signature Page

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## Release of Liability Signature Page

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Signature of Adult Leader \_\_\_\_\_ Date : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_