

DOC/UCC Youth Mission Weekend

For Middle and High School Youth
November 18 – 19, 2017
Saturday 10:00 am – Sunday 12:00 p.m.
La Foret – Black Forest, CO
Cost: \$30.00

Youth's Covenant:

I pledge to act in a respectful manner in regard to property and in my conduct towards others. I am aware that I am representing my church. I agree to abide by all policies of the CRM & RMC while at the retreat. I will follow the directions of adult leaders and will participate in all scheduled activities unless I have been excused in writing by my doctor. I will participate in the entire event. I want everyone to know that I have respect and concern for my surroundings and that I show love and concern for others.

Youth's Signature

Date

Reference

I fully recommend the above named youth to attend the DOC/UCC Mission Weekend.

Minister/Youth Leader Signature

Date

Registration deadline is November 10th.

Confirmations and "what to bring lists" will be sent by email on November 12.

(OVER)

YOUTH REGISTRATION FORM (cont.)

(Please neatly print or type all information requested)

Name _____ Birthday: _____ Male/Female
Full Name Mo. Day Year Circle One

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-Mail: _____

Home Church: _____ City: _____

I am currently in the following grade: _____

Medical Insurance Company: _____

Policy or Group I.D. Number: _____

Type of Coverage: _____

Indicate all known allergies, drug reactions, recent injuries or illnesses, current medications, restrictions, dietary requirements, or other necessary medical information (attach additional page if needed):

Emergency Contacts Home Phone Work or Cell Phone

Father/Custodian: _____ () _____ () _____

Mother/Custodian: _____ () _____ () _____

Other: _____ () _____ () _____

Doctor: _____ Phone: () _____

Parent's Medical Release and Liability

I hereby give the event directors permission to secure any needed medical attention for my child in the event I cannot be reached in an emergency, and I give my permission for the doctor, hospital, or medical service to provide emergency medical or surgical care at my expense. I release the Central Rocky Mountain Region of the Christian Church (Disciples of Christ), the Rocky Mountain Conference of the United Church of Christ, and the directors in charge of the event, from all responsibility for sickness and accidents during Mission Weekend 2017.

I understand that as the parent/custodian of the youth whose name appears on this form, that I am responsible for any damage done to property by my youth. I also understand that any behavior my youth exhibits deemed un-Christian-like, dangerous, or disrespectful will result in my youth being sent home, and that I will bear the responsibility for the expense of the return trip.

Parent/Guardian Signature _____ Date _____

SPONSOR REGISTRATION FORM

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You must be at least 23 years old to sponsor 9,10,11,& 12th graders,

Sponsor's Covenant:

I pledge to act in a respectful manner in regard to others and their property, to model exemplary behavior, to attend all activities of the retreat with the youth, to participate in those activities, to encourage the participation of the youth, to seek to ensure the safety, good behavior, and well-being of all youth present at the event. I agree to abide by all policies of the CRMR & the RMC while at the retreat. I will demonstrate love and concern in my relations with other sponsors and youth.

Sponsor's Signature

Date

Reference

I fully recommend the above named sponsor to attend the CRMR 2017 Fall Retreat.

Minister's Signature

Date

Registrations are due by November 10th
Confirmations and "what to bring lists" will be sent by email on November 12.

(over)

SPONSOR REGISTRATION FORM (cont.)

(Please neatly print or type all information requested)

Name _____ Birthday: _____ Male/Female
Full Name Mo. Day Year Circle One

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-Mail: _____

Home Church: _____ City: _____

Medical Insurance Company: _____

Policy or Group I.D. Number: _____

Type of Coverage: _____

Indicate all known allergies, drug reactions, recent injuries or illnesses, current medications, restrictions, dietary requirements, or other necessary medical information (attach additional page if needed):

Emergency Contacts	Home Phone	Work Phone
Name and Relationship: _____ () _____	_____	_____
Name and Relationship: _____ () _____	_____	_____
Other: _____ () _____	_____	() _____
Doctor: _____	Phone: () _____	

Sponsor's Medical Release

I hereby give the event directors permission to secure any needed medical attention for me in an emergency, and I give my permission for the doctor, hospital, or medical service to provide emergency medical or surgical care at my expense. I release the Central Rocky Mountain Region of the Christian Church (Disciples of Christ), the Rocky Mountain Conference of the United Church of Christ, and the directors in charge of the event, from all responsibility for sickness and accidents during Mission Weekend 2017.

Sponsor's Signature

Date

PLEASE NOTE:

The Central Rocky Mountain Region requires that each sponsor has a current letter of recommendation and a current Background Check on file in the CRMR office. If you have not been a camp counselor or a youth sponsor for a regional event in the last 2 years, please include a letter of recommendation from your pastor with your registration for this event. Thank you.