

NAME _____,
(LAST) (FIRST)

REGISTRATION AND HEALTH FORM

NATIONAL YOUTH CONFERENCE BUS TRIP JULY 19-30, 2022

Please complete both sides and return with \$150 non-refundable deposit
(check made out to the Shenandoah District, memo line: NYC bus trip) by **April 1, 2022**.

Name of Attendee _____

Birth date _____ (circle) M or F (circle) Youth or Advisor

Home Address _____

Cell Phone (if bringing one on the trip) _____ Email _____

Parent/Guardian Name (if youth) _____

Address (if different) _____

Parent/Guardian Phone home _____ cell _____ work _____

Name of Church and Advisor _____

Roommate preference(s) while at hotels _____

Expectations for all going on the trip: *Be responsible for my own luggage on the bus and at the hotels. *Always check in with my advisor before leaving the bus at stops. *Be prompt in returning to the bus at all rest stops, sight-seeing stops, and on time getting on the bus in the morning. *Respect the set curfew and stay in the assigned rooms when staying at the hotels while traveling to and from NYC. *Use headphones/earbuds when listening to an audio device. *Refrain from any display of inappropriate public affection. *Not bring or use weapons, alcohol, tobacco or vaping products, or illegal drugs or remain in the presence of individuals who are using or have these items.

Additional Expectations for Advisors: *Be responsible for the youth under your supervision. *Always check in with the Bus Coordinator before leaving the bus.

Trip Covenant

I willingly sign up for the NYC 2022 Shenandoah District bus trip and fully understand that I will be expected to respect the people, property, and rules of the bus company, hotels, touring sites, college campuses, and the leadership of the Shenandoah District. I understand that failure to comply with schedules, expectations (listed above), 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, forfeiting all money paid for travel and conference registration. I am ready to experience this trip and be a positive representative of our church! **As CDC guidelines are updated, I am willing to follow CDC guidelines and wear masks when requested.**

Signature of YOUTH or adult participant _____

Parent/Guardian Authorization

This health form has been completed accurately and the participant has permission to participate in all activities except as noted. I 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 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 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 above*. This completed form will be photocopied for travel purposes.

Signature of Parent/Guardian _____

Printed Name _____ **Date** _____

NAME _____, _____
(LAST) (FIRST)

Emergency Contact

Name, relationship, phone number _____

Medical Insurance Carrier/Plan Name _____ Plan/Group # _____

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

Name of Primary Physician _____ Phone _____

Date of Last Tetanus Immunization _____

Please list any allergies and severity (foods, medications, others like bee stings etc.)

Please list ALL medications (including over the counter) that is taken routinely. Bring enough medication to last for the entire trip and keep it in the **original packaging** that identifies the medication dosage, physician, and frequency. Do not share medications.

| Medicine | Dosage | Specific Times of Day | Reason for taking | |
|--------------------------------------|--------|-----------------------|-------------------|----|
| | | | | |
| | | | | |
| General Information | | | yes | no |
| recent injuries? | | | | |
| frequent headaches? | | | | |
| wear glasses, contacts, etc.? | | | | |
| back problems? orthopedic appliance? | | | | |
| heart murmur? | | | | |
| problems with sleepwalking? | | | | |
| ever had hepatitis? | | | | |
| ever had an eating disorder? | | | | |
| females, abnormal menstrual history? | | | | |

Explain any "yes" answers to any of the above questions. Please also indicate whether participant has ever passed out during exercise, experienced seizures, or has diabetes or asthma. Include any information that leaders need to know to help manage any chronic or recurring illnesses that the participant may experience while on the trip, or that an emergency doctor would need to know to give the best care. _____

Return this completed form (**by April 1**) to:

Shenandoah District Office, Attn: NYC Bus Trip, P.O. Box 67, Weyers Cave, VA 24486

Include the **front and back copy of the health insurance card** and the

non-refundable \$150 deposit (checks to "Shenandoah District" with "NYC bus trip" on memo line).