NAME ________________, ____________________
(LAST) (FIRST)

REGISTRATION AND HEALTH FORM

NATIONAL YOUTH CONFERENCE AIR TRAVEL JULY 23 & 28/29, 2022

Please complete both sides and return with full $625 payment
(check made out to the Shenandoah District, memo line: NYC air travel) by **May 10, 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 on trip ____

Expectations for all going on the trip: *Be responsible for my own luggage on the bus and at the airport *Always check in with my advisor before leaving the group. *Have at least one "buddy" while walking in the airport. *Use headphones/earbuds when listening to an audio device. *Refrain from using fragrances (other than deodorants) while traveling. *Refrain from any display of inappropriate public affection. *Not bring or use weapons, alcohol, tobacco, 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. *Follow guidelines set for Advisors attending National Youth Conference.

Trip Covenant

I willingly sign up for the NYC 2022 Shenandoah District Air Travel and fully understand that I will be expected to respect the people, property, and rules of the bus company, airport, airline, 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 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 for travel 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 agree to hold advisors and District leaders harmless from any claim made against them by or on behalf of myself/attendee for loss, personal injury, death, or any other damage or loss. 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.)

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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. _______________

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Return this completed form (**by May 10, 2022**) to:

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

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

full $625 payment (checks to "Shenandoah District" with "NYC air travel" on memo line).