

IMNYI Winter Retreat 2019 Individual Registration Form



Sponsor Student Bus Driver

Student/Sponsor Legal Full Name: _____

Male OR Female

Age: _____ Home Church _____

Grade in School: _____ School Name _____

T-Shirt Size Adult sm _____ Adult md. _____ Adult lg. _____ Adult XL _____ XXL _____

Address _____ City, _____ State: _____ Zip: _____

Student/Sponsor Email Address: _____

Student/Sponsor: Cell #: _____ - _____ - _____ Home #: _____ - _____ - _____

Parent/Guardian Name(s): _____

Best Contact #: _____ - _____ - _____

Parent/Guardian Email: _____

Health Insurance Company (sponsors included): _____

Policy # _____

Group # (if applicable) _____

Medical Release: I hereby give an agent of the Intermountain District NYI the permission to act in my behalf to seek emergency medical treatment for my child in the event that such treatment is deemed necessary by him/ her. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve IMNYI, its agents and employees from any and all liability resulting from conformance with these instructions. I understand that my insurance coverage will be used as the primary coverage for my child in the event of a medical intervention if needed.

I understand that reasonable safety precautions will be taken at all times by the IMNYI and its agents during the events and activities. However, even with the best planning and precaution, unforeseen incidents can occur. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold IMNYI, its leaders, employees or volunteer staff liable for damages, losses, diseases, injuries or pain and suffering incurred by my child named on this form. I give permission for my child to ride in any vehicle designated by activity organizers while attending and participating in activities. If it is necessary for my child to return home due to any medical, disciplinary, or other reason, I will assume all the transportation costs.

PARENT/GUARDIAN /SPONSOR SIGNATURE _____

DATE ____/____/ 2018

Who to call in emergency, if parent/guardian not available:

Name _____ Phone# _____ - _____ - _____

Required District Background Check Completed within the last 3 years? **Circle:** Yes or No

If No, complete form and have local church pay the fee to the district.

Form found at <http://imnyi.com/links-resources>

Medical Questionnaire:

Student/sponsor is allergic to the following *drugs*; if none, so state

Student/sponsor is allergic to the following *foods*; if none, so state

Student/sponsor has the following medical condition; if none, so state

I give permission for IMNYI to use any pictures or video taken of my child for promotional materials. Please check box.

I do not give permission for IMNYI to use any pictures or video taken of my child for promotional materials. Please check box.

Participant Liability Release: As a participant in activities sponsored by IMNYI, I agree to hold harmless the church of the Nazarene, its leaders, employees, and /or volunteer staff for damage, losses, diseases, injuries, pain or suffering, which I may incur while in attendance at or as the result of the attendance at events and activities. I also understand that if it is necessary for me to return home due to any disciplinary reasons [no possession of items listed in "Don't Bring section, no student driving, no fighting, no offensive/ immodest clothing, no boys in girls rooms, girls in boys room, must respect property, respect one another, staff, adult leaders, respect & comply with event schedules, and must participate with the group], I/my parent/guardian will assume all the transportation costs.

SIGNATURE OF
PARTICIPANT _____