

YOUTH ALIVE HAWAII 2010 HOUSING FORM

(To be filled out by Youth Leader)

List of Youth Alive Hawaii 2010 Participants

Church Name: _____ District _____
 Group Leader _____ Phone: _____

<u>Youth Participants</u>	<u>Youth Participants</u>
1) _____ M F	8) _____ M F
2) _____ M F	9) _____ M F
3) _____ M F	10) _____ M F
4) _____ M F	11) _____ M F
5) _____ M F	12) _____ M F
6) _____ M F	13) _____ M F
7) _____ M F	14) _____ M F

Adult Chaperones

1) _____	M F
2) _____	M F
3) _____	M F
4) _____	M F
5) _____	M F
6) _____	M F
7) _____	M F
8) _____	M F
9) _____	M F
10) _____	M F

Chaperone Agreement

(Only registered Youth and Chaperones are allowed at Youth Alive Hawaii. No children over the age of 2 and ABSOLUTELY NO VISITORS DURING THE EVENT)

For Adult Leaders
 Please have all of your adult chaperones read and sign the following statements:
 I am an adult Youth Director/chaperone over the age of 21, and will be responsible for the care of the youth attending from my church, as well as recognizing my responsibility to assist as a chaperone for all youth attending Youth Alive Hawaii 2010.

As an adult over the age of 21, I will be responsible for any medications that my youth must take during Youth Alive Hawaii 2010 as well as being aware and monitoring any food allergies my youth may have.

Event Cost and Payment Information

Cost is \$125 per person (includes lodging, meals and theme T-shirt) **Deadline: June 11, 2010**

Checks must be made payable to: HUMU. (Put **Youth Alive Hawaii** in memo section)
 Mail checks and registration forms to:

Hawaii United Methodist Union (HUMU)
 Hawaii District Office
 20 S. Vineyard Blvd.
 Honolulu, HI 96813

Phone: (808) 387-7064
 Email hidylt@yahoo.com
 or msiofele@yahoo.com

For more information go to calpacyoungpeople.org/events/engage

Youth Alive Hawaii 2010 registration

(turn Registration form in to your Youth Leader)

General Information

PLEASE PRINT CLEARLY

Name _____ Sex M F Age _____ Current Grade _____
 Address _____ City _____ State _____ Zip _____
 Participant E-mail _____ Phone #1 () _____
 Birth Date ____/____/____ Phone #2 () _____
 Vegetarian Meals Food/Drug/Allergies _____
 Local Church _____ District _____
 Attending Youth Alive Hawaii 2010 as a (check one) Youth Youth Leader Chaperone
 T-Shirt (included in Registration Fee) - please choose size Size: S M L XL XXL

Please Note

For every 7 registered youth, there MUST be at least one registered adult over the age of 21.
 If you are a youth, please list your chaperone(s) below.

Chaperone(s) _____

Pastor's Signature

My signature on this form indicates that all the persons attending as a chaperone for our church are aged 21 or over and have had the appropriate background check as required by the Cal-Pac Annual Conference Insurance provider, Guide One. I also affirm that all youth attending from our church are CURRENTLY in grades 7 through 12.

Name _____ Signature _____

Youth Alive Hawaii 2010 Medical Release Form

I, the undersigned parent or guardian of {Name of Youth} _____ a minor, do hereby authorize bona fide officials of Youth Alive sponsored by the California Pacific Annual Conference of the United Methodist Church as agents for the undersigned to consent x-ray, examination, anesthetic, medical or surgical diagnoses or treatment and hospital care which is deemed advisable and is to be rendered under the provisions for the medical or practice act by the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office or said physician or at said hospital. I hold harmless the California Pacific Annual Conference of the United Methodist Church, Youth Alive, Youth Alive Design Team, its boards, officers, members, clergy, staff, agents, and volunteers from any and all claims, losses, costs, obligation, and liabilities for injuries to any persons or for damages to or loss of property of any kind in any way arising out of participation of the above mentioned person whether or not arising from any alleged negligence, fault, or legal liability of the California Pacific Annual Conference of the United Methodist Church, Youth Alive, Youth Alive Design Team, its boards, officers, members, clergy, staff, agents, and volunteers. This authorization shall be effective February 13-15 2010 inclusive. A photocopy or other reproduction of this authorization shall be considered an original.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact: _____ Phone: _____

Medical Insurance Carrier: _____ Policy #: _____