

Mid-Winter Advance 2018 Youth Registration and Authorization Form

DENOTES REQUIRED FIELD*

PARTICIPANT REGISTRATION		
Church*:	MWA Weekend#*:	
Name*:	Phone#*:	
Address*:		
City*:	State*:	Zip*:
Grade*: 6 7 8 9 10 11 12 (College) Fr So Jr Sr		Age*:
Sex*: Male Female		
Email Address:		
HEALTH INFORMATION		
Allergies: (Food, drugs, bites, etc.)		
Dietary Restrictions:		
Are you on medication during this weekend? YES NO		
If YES, name drug(s) and time(s) to be take:		
Approximate date of last tetanus shot*:		or tetanus booster:
EMERGENCY CONTACT INFORMATION		
Name*:		
Relationship*: (Mother, Grandfather, etc.)		
Phone#*:		
INFORMED CONSENT AND SUPPLEMENTAL AUTHORIZATION		
<p>As Parent and/or Guardian of the named participant, I hereby give my approval for said participant's involvement in any and all activities prepared by Mid-Winter Advance, and its affiliates, during the selected weekend. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve, and hold harmless Mid-Winter Advance and all of its respective staff, representatives, and affiliates from any and all liability for injuries to said participant arising out of: traveling to, participating in, or returning from the weekend.</p> <p>In case of injury to said participant, I hereby waive all claims against Mid-Winter Advance including all staff, affiliates, other participants, and, if applicable, owners and lessors of premises used to conduct the event.</p> <p>Further, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Dean or weekend Medical Staff, to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named above.</p> <p>By signing below, I also acknowledge and accept all additional information provided to me in the supplemental Medical Release and Authorization, and Weekend Regulations sections, found on Page 2 of this document.</p>		
Parent/Legal Guardian's Signature:	Date:	
Youth's Signature:	Date:	

Additional Information

MEDICAL RELEASE AND AUTHORIZATION
<p>As Parent and/or Guardian of the named participant, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the participant, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.</p> <p>Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named participant. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.</p> <p>Permission is also granted to the Mid-Winter Advance and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the participant's admission to the medical facility.</p> <p>Release authorized on the dates and/or duration of the registered season.</p> <p>This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor participant, in my absence.</p>
WEEKEND REGULATIONS
<p>Absolutely NO smoking, drinking, or use of recreational drugs. (Facility has a ZERO TOLERANCE POLICY)</p> <p>Appropriate casual attire for the weekend.</p> <p>No personal electronic entertainment devices of any type.</p> <p>Please leave cell phones turned off during all programs, seminars, devotions, and discussion sessions.</p> <p>Stay on facility property. Emergency leaves MUST BE APPROVED BY THE DEAN, FIRST!</p> <p>Swimsuits must be modest: no two-piece swimsuits or cutoffs.</p> <p>IN CASE OF DISCIPLINARY ACTION, PARENTS AND/OR GUARDIAN MAY BE EXPECTED TO PICK UP THEIR YOUTH FROM THE WEEKEND LOCATION. (NO REFUNDS WILL BE PROVIDED.)</p>
PLEASE BRING
<p>Bible Notebook and pen or pencil Towel, soap, toothpaste/brush, deodorant, etc. Modest swimsuit and extra towel (Bedding is supplied)</p>