



REGISTRATION FORM

GPdI Region 1 USA and Foursquare Church

Youth and Young Adult Conference 2014

July 24 - 26, 2014

Gordon Collage 255 Grapevine Rd. Wenham MA 01984

PART ONE (Youth - Young Adult – Youth Pastor – Youth Leader INFORMATION)

Are you a (circle one) **Youth(under 18yrs. old) - Young Adult – Youth Pastor – Youth Leader**

Last Name _____ First Name _____ MI _____
Street Address _____ City _____ State _____
Zip _____ Phone Number _____ Cell Number _____
Date of Birth ____/____/____ Gender _____

Church _____
Parent/Guardian (if under 18 yrs. old) Email _____

Emergency Contact:

Name (First & Last) _____ Relationship _____
Home Phone _____
Cell Phone _____ Email _____

Additional people that is attending with you (Spouse, children, etc.). Children between 12yr old and 6yr old is only \$66 and under 5yr old are free:

Full Name _____ D.OB.: _____ Relationship: _____
Full Name _____ D.OB.: _____ Relationship: _____
Full Name _____ D.OB.: _____ Relationship: _____
Full Name _____ D.OB.: _____ Relationship: _____

Please circle one of the following:

This section is for **Youth Pastor** and **Youth Leader ONLY:**

Have you attended a local GPdI/Foursquare Church for at least six months? ___ Yes ___ No If yes, how long? _____
Do you serve your church in a ministry? If yes, where do you serve? _____
How long have you served in this/these area(s)? _____
Do you have any physical, mental or emotional conditions that would prevent you from performing activities related to working with youth? If yes, please explain. _____
Have you ever been a Group Leader for GPdI/Foursquare youth conference before? ___ Yes ___ No If yes, when? _____
When did you receive Christ as your personal Savior? _____
Have you received the Baptism of the Holy Spirit? ___ Yes ___ No If yes, when? _____
Have you ever led someone to Christ? ___ Yes ___ No Are you currently certified in CPR? ___ Yes ___ No (If yes, please attach a photocopy of your certification) First Aid? ___ Yes ___ No
Have you ever been arrested for a crime involving a minor? ___ Yes ___ No (If yes, please attach explanation) Have you ever been the victim of abuse, molestation or neglect? If yes, please explain. (If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with your pastor rather than answering it on this form. Answering yes or leaving the question unanswered will not automatically disqualify an applicant from working with youth.)



PART TWO

Medical Information/Informasi Medis: (Gunakan halaman terpisah/di belakang jika diperlukan)

Medical problems (Use back of form/separate page if needed)

Allergies (What are they & what happens)(Apakah itu & reaksinya)

List anything else you think we should be aware of (Apa saja yang kita harus ketahui)

Diet/Activity Restrictions (Makanan tertentu/aktifitas restriksi)

Date of last Tetanus shot _____ Date of Meningococcal Meningitis (MCV4) _____

Date of MMR Booster _____ Have you ever had a flu shot? ___ Yes ___ No Date of last flu shot _____

If your youth has not been fully immunized, please sign the following statement:

(Jika peserta belum diimunisasi sepenuhnya, silakan menandatangani pernyataan berikut:)

I understand and accept the risk from me/my youth not being fully immunized.

Your or Signature of Parent/Guardian if under 18 years old _____

Date _____ Relationship to Youth _____

Insurance Information:

Health Insurance Company _____ Health Insurance Subscriber _____

Health Insurance Phone # _____ Policy # _____

Primary Care Doctor _____ Phone Number _____

Please attach a copy of both sides of your insurance card

(MEDICATIONS)

Youth with prescription medications must have a doctor's signature on file before the nurse may dispense medications. **All medications MUST come in their ORIGINAL package, this includes over-the-counter medications.** "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. We require **original pharmacy containers with labels**, which show the youth's name and how the medication should be given. Provide enough of each medication to last the entire time the youth will be at the conference. The following non-prescription medications are commonly stocked in Health Centers and are used on an **as needed basis** to manage illness and injury. *Please cross out those items your youth should **not** be given.*

Acetaminophen (*Tylenol*) Ibuprofen (*Advil, Motrin*) Phenylephrine Decongestant (*Sudafed PE*)

Guaifenesin Cough Syrup (*Robitussin*) Dextromethorphan Cough Syrup (*Robitussin DM*) Cough Drops Antibiotic Cream

Aloe Lice Shampoo/Cream (*Nix/Elimite*) Tinactin Bismuth Subsalicylate for Diarrhea (*Kaopectate, Pepto-Bismol*)

Hydrocortisone Cream Antacids Cortaid Pseudoephedrine Decongestant (*Sudafed*) Antihistamine/Allergy Medicine Sore

Throat Spray Calamine Lotion Rhuli Spray Laxatives for Constipation (*Ex-Lax*) Loperamide Hydrochloride tablets (*Anti-Diarrheal Medicine*)



(MEDICATIONS CONTINUED)

NAME _____

REQUIRED ONLY FOR PRESCRIPTION MEDICATIONS

Attach a letter if additional space is needed

Name of Medication _____ Dosage _____

Condition Requiring Medication _____ Times Normally Taken _____

Name of Medication _____ Dosage _____

Condition Requiring Medication _____ Times Normally Taken _____

Physician's Signature: Required for prescription medications for those under 18

Signature _____ Date _____

PART THREE (SIGNATURE)

THIS REGISTRATION FORM IS NOT VALID WITHOUT THE FOLLOWING TWO SIGNATURES:

(INI FORMULIR PENDAFTARAN TIDAK VALID TANPA DUA TANDA TANGAN BERIKUT):

YOUTH/YOUNG ADULT Declaration: I will fully cooperate with the staff, rules, Youth Guidelines and program established for the conference so as not to discredit my parents, my church or myself. I understand that behaving in an unruly manner can result in being dismissed from the conference. I agree to fully cooperate with the conference directors and other leaders.

Youth/Young Adult/Youth Pastor/Youth Leader Signature _____ Date _____

PARENTAL Release: My child will fully cooperate with the staff, rules, Youth Guidelines and program of the conference. I understand that I am responsible for my child's actions and will be held financially responsible for any damage done by my child. I will pay for any and all repairs incurred by such damage. I acknowledge that many of the conference/sport activities contain inherent risk of injury. It is understood that in the event of an injury the conference officials will make a conscientious effort to locate contacts listed on the form before any action is taken. I understand that my own insurance is primary with regard to payment of medical providers and our church activities insurance is secondary. I hereby consent to my child participating in all conference activities. I give permission to the physician selected by the conference to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand that the information on this form will be shared on a "need to know" basis with the conference staff. I give permission to photocopy this form. In addition, the conference has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status. I consent to any treatment deemed advisable in an emergency by an EMT, nurse, medical doctor or other first-aid personnel. I certify that all of my child's immunization records are up-to-date unless otherwise noted. I give permission for the medications as listed on the previous page to be given to my child as needed.

I consent that any photographs or videos taken at conference of my child may be used in promotional materials posted on the North-east District website or for the use of a conference video, unless a letter requesting otherwise is submitted with this application.

Parent Signature (of Youth that's under 18yrs. old) _____ Date _____



PART FOUR (Senior Pastor SIGNATURE)

I, _____ (Senior Pastor's Name) recommend this youth, as one who will cooperate with the staff, rules, Youth Guidelines and conference program. Pastor Signature _____ Date _____

PART FIVE (GUIDELINES)(PEDOMAN)

NAME _____

For the safety of all youth, each participant is required to follow the basic guidelines listed as well as the instructions given to them during conference.

Untuk keselamatan semua pemuda/remaja, setiap peserta diwajibkan untuk mengikuti pedoman dasar yang tercantum serta instruksi yang diberikan kepada mereka selama konferensi.

- The schedule of events is to be followed. *Jadwal acara yang wajib diikuti.*
- No youth is permitted to leave the campus or its designated areas without prior permission from the conference director. *Tidak ada pemuda/remaja diperbolehkan untuk meninggalkan kampus atau daerah yang ditunjuk tanpa izin terlebih dahulu dari Direktur konferensi.*
- Smoking, matches, and fireworks are not permitted. *Merokok, korek api, dan kembang api tidak diizinkan.*
- Alcohol or intoxicants of any kind and weapons are not permitted. *Alkohol atau minuman keras apapun dan senjata tidak diizinkan.*
- All prescription medications and over-the-counter medications are to be given to the nurse upon arrival. Medications must be in their **original** containers. See part two of this form for more details. *Semua obat resep dan over-the-counter obat yang diberikan kepada perawat pada saat kedatangan. Obat-obatan harus dalam wadah aslinya. Lihat bagian kedua dari formulir ini untuk lebih jelasnya.*
- Boys are not permitted in the girls' rooms and girls are not permitted in the boys' rooms. *Anak laki-laki tidak diperbolehkan di kamar anak gadis dan anak gadis tidak diizinkan di kamar anak laki-laki.*
- Clothing should remain modest and not promote unfavorable behavior such as alcohol consumption, drugs, violence or sinful behavior. Girls are asked to wear a 1-piece swimsuit. *Pakaian harus tetap sederhana dan tidak mempromosikan perilaku yang tidak menguntungkan seperti konsumsi alkohol, narkoba, kekerasan atau perilaku berdosa.*
- The person responsible for damage due to vandalism is also responsible to pay for repairs. *Orang yang bertanggung jawab atas kerusakan akibat vandalisme juga bertanggung jawab untuk membayar perbaikan.*

PART SIX (CHECKLIST) Return the completed forms to your church: *Kembalikan formulir yang telah dilengkapi ke gereja Anda.*

- 1) ___ Registration Fee **\$120/person \$66/Child 12yr. To 6yr.** Make all checks payable to: **Harvest Church and mail to 55 West High St. Somersworth NH 03878**
- 2) ___ Completed Registration Form

Registrations are non-refundable, but are transferable within your church. Please notify your church if this is necessary. For more information please go to: Untuk informasi lebih lagi Anda bisa ke:

www.region1youth.weebly.com