



Northeast Area
Staff Registration Form
2012-2013 Rallies



Please print or type in blue or black ink—DO NOT fill out in pencil.

Check Event: ~~Fall Rally, November 10–11, 2013~~ X Mid-Winter, February 15–17, 2013
\$75; \$85 after January 28

Name: _____ Circle: Male or Female

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Birth Date: _____

E-mail Address: _____

Sponsoring Church: _____ City: _____

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Home Phone: _____ Cell: _____ Work: _____

List any food allergies or dietary restrictions: _____

Diseases, Chronic or Recurring Illness:

☐ Asthma: _____

☐ Bleeding Disorder: _____

☐ Dermatological: _____

☐ Diabetes: _____

☐ Heart Defect: _____

☐ Seizures: _____

☐ Stomach Condition: _____

☐ Emotional: _____

☐ Blood Pressure: _____

☐ Headaches: _____

☐ Other: _____

Special Diet: _____

Recent Surgery/Accident: _____

Recent Illness: _____

Significant Allergies (specify)

☐ Food: _____

☐ Insect Sting: _____

☐ Medicine/Drug: _____

Please list medications. Adults will be responsible for their own medication at rallies.
This information, however, may be necessary in case of an emergency.

| Medication | Dose | Side Effects |
|------------|------|--------------|
| | | |
| | | |
| | | |

☐ I do not carry medical insurance at this time

Insurance Company _____ Group # _____ Policy # _____

I, _____, hereby authorize the event staff to seek and authorize emergency medical treatment for myself if I am unable. This is to include anesthetic, medical treatment, and the performance of whatever operations or removal of tissue decided to be necessary by the attending physicians.

Signature _____ Date: _____

IT IS IMPORTANT THAT CHILDREN AND YOUTH BE PROTECTED IN ALL ASPECTS.

- Have you ever sexually molested a child or youth and/or been charged or arrested for that crime? _____
- Do you presently have a chemical dependency of any kind? _____
- Do you have serious mental or physical problems which might interfere with your effectiveness as a counselor? _____

(An affirmative answer to any of these questions will require further discussion.)

Initial here _____ if you **DO NOT** want your voice, picture, image/likeness, or video used for church promotional purposes including but not limited to web sites, flyers, slide shows at church functions, and video clips. (The Areas would still seek permission for any major advertisements such as television ads or programs where you would have a primary or central role.)

Participant Covenant

In the spirit of forming a positive Christian Community while at this event, I agree to the following:

- I agree to abide by the rules of the event as they are posted, announced, or given to me. I recognize that the rules are designed for the good of the whole community as well as my safety.
- I agree to treat others with respect. This includes, but is not limited to the way in which I behave, speak, make physical contact with others, and how I will talk about others when they are not present.
- I agree to respect the authority of the adults who have been entrusted with making this event a safe and positive atmosphere, and respect their decisions regarding community life. Likewise, I agree to be a positive role model to others by maintaining attitudes of respect, patience, courtesy, tact and maturity.
- I agree to treat the property and facilities with respect, recognizing that if damage should occur because of my negligence, I am financially responsible.

I agree to refrain from the following:

Possession and/or use of **LEGAL** or illegal substances (including alcohol, illegal drugs, tobacco products, firearms, weapons, fireworks and explosive devices)
Sneaking out of the dorms after lights out or leaving the event facility at any time without explicit permission of the event director.
Sexual activity, abuse or harassment of any kind (including intercourse, exposure, inappropriate touching and/or inappropriate sexual language)
Willful or thoughtless destruction or abuse of property
Wearing inappropriate clothing. *See Tri-Area Rules for clarification.*

I understand that any violation of this covenant will bring the following specific consequences:

If the violation involves possession of a weapon and/ or illegal substances that local law enforcement will be summoned.

I also understand that the minister of my sponsoring church will be contacted regarding serious violations of the Code of Conduct.

Required letter of apology to the sponsoring congregation and to the Tri-Area Camp and Conference Team before being allowed back to any event.

Participant: *I have read the Participant Covenant for the Tri-Area Camp and Conference programs. I have discussed my participation with my minister/youth sponsor. I am prepared to attend Tri-Area sponsored event with a spirit of Christian cooperation and goodwill. I have read and agree to abide by the above covenant.*

COUNSELOR/STAFF SIGNATURE: _____ DATE: _____

Minister: *I have read the covenant and am familiar with the Tri-Area policies and procedures. I affirm the efforts of the leaders to provide a safe camp experience and to create a positive Christian community. I expect the directors to communicate with me any serious violations of the covenant. I will pray for the participants this week that God's love may be a transforming presence. I know and recommend this person for participation in the Tri-Area camp and conference program.*

MINISTER'S SIGNATURE: _____ DATE: _____