

CANADIAN ADVENTIST YOUTH SUMMIT

May 11 – 15, 2016

Burman University, Lacombe, Alberta

(Ages 16-30)

REGISTRATION REQUIREMENTS

All attendees must be at least 16 years old. By submitting this form with payment the attendee agrees to abide by the general guidelines of church conduct. Return this form with your **participant fee of \$255.00** by March 23, 2016 to your Youth Department in order to receive a travel subsidy,

METHOD OF PAYMENT

Church CK # _____ Money Order Cash Visa MasterCard

Visa/MC # _____ Exp. Date _____

Card Holder Signature _____

PERSONAL INFORMATION

Applicant Name _____ Birthdate: M____/D____/Y____

Address _____ Age _____

City _____ Prov. _____ PC _____ Church _____

Roommate(s) _____ Meals: Vegetarian Vegan

Male / Female Sponsor/Volunteer Spouse Attending Shirt Size: S M L XL

EMERGENCY CONTACT

Parent/Guardian _____ Phone Number _____

Address (if different than Applicant) _____

City _____ Prov _____ PC _____

Secondary Contact Name _____

Phone Number _____ Relationship to Applicant _____

HEALTH AND MEDICATION INFORMATION

Applicant Name _____ Health Card # _____

Physician _____ Phone Number _____

HISTORY

- | | | | | |
|--|---|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Sore Throats | <input type="checkbox"/> Sinusitis | <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Special Diet | | |

ALLERGIES

- | | | | |
|---|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Plants | <input type="checkbox"/> Animals | <input type="checkbox"/> Foods |
| <input type="checkbox"/> Bee/Insect Stings: | Antidote : | <input type="checkbox"/> Benedryl | <input type="checkbox"/> Anakit |
| <input type="checkbox"/> Nurse Administered | <input type="checkbox"/> Self Care | <input type="checkbox"/> Other _____ | |

MEDICATIONS

Are you currently taking medication? Yes No Explain: _____

Drug Name _____ Dosage _____

Time(s) _____

Permission to Administer: Tylenol Plain Aspirin Nil

WAIVER

Attendees will adhere to the standards of the Seventh-day Adventist Church in their conduct, dress, language and entertainment while traveling to/from and during the Youth Summit. In support of a health, drug-free lifestyle attendees will not partake of any alcohol drinks, tobacco or any illegal drugs. I understand attendees may be photographed and videotaped and release all rights for publication and advertising. I am in favour of the aforementioned applicant attending the Youth Summit and participating in all activities unless prior arrangements are made.

As legal guardian, I accept the conditions stated, including release of the Seventh-day Adventist Church in Canada and its conferences management from liability in case of accident or illness. In case of emergency I give permission to the nurse/adult leader selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. If the applicant's medical information changes after submission of the application please notify your Conference Youth Director

Signature of Application _____ Date _____

Signature of Parent _____ Date _____
(if applicant is under the age of 18)