



DSM 2015

Individual Registration Form

- ☐ Please double check all blanks are filled in,
- ☐ Required signatures are present and
- ☐ Send original registrations (keep a copy for your church) along with proper remittance to:
**Brazos Condra (Albuquerque) or
 Brent Parker (Nashville)**
 ***Mailing addresses are on the group registration form.

| | | | | |
|------------------------------|---|---|-------------------|---------------------|
| Name _____ | | | | |
| Last | First | M.I. | Goes By | |
| Home Address _____ | | | | |
| Street or PO Box Number | | City | State | Zip |
| Home Phone # (_____) _____ | | Cell # (_____) _____ | Email _____ | |
| Gender | <input type="checkbox"/> M <input type="checkbox"/> F | Grade Just Finished or A for Adult: _____ | Birth Date: _____ | T-Shirt Size: _____ |

| | | | | |
|--|-------|-----------------------------|---------|-----|
| Parent/Guardian/Emergency Contact (1) | | | | |
| | | | | |
| Last | First | Middle | Goes By | |
| Address _____ | | | | |
| Street or PO Box Number | | City | State | Zip |
| Home Phone# (_____) _____ | | Work Phone# (_____) _____ | | |
| Cell Phone#(_____) _____ | | Email: _____ | | |

| | | | | |
|--|-------|-----------------------------|-------------------------------|-----|
| Parent/Guardian/Emergency Contact (2) | | | | |
| | | | | |
| Last | First | Middle | Goes By | |
| Address _____ | | | | |
| Street or PO Box Number | | City | State | Zip |
| Home Phone# (_____) _____ | | Work Phone# (_____) _____ | | |
| Cell Phone#(_____) _____ | | Email: _____ | | |
| Home Church _____ | | City/ST _____ | Phone# (_____) _____ | |

Mission & Event Activities may include but are not limited to: painting, climbing ladders, scraping paint, sanding, swimming, sports, water recreation, amusement parks, group games, I do hereby assume all risk of the above and any other ordinary risk incidental to the mission setting and will hold all officers, planners, hosts, and their Trustees, employees, agents, volunteers and sponsors harmless from any and all liability. I hereby grant permission to use photos of the above named participant, taken during activities at DSM, for publicity purposes, including but not limited to advertising materials, on web sites, in print, or social media sites.

Custodial Parent/Guardian's Signature/Adult :

Date:

Covenant

- 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 arrive at the event on time, to participate in all group activities as they are scheduled or announced and to be present for the entire event. I understand that my participation is essential to the positive experience of the whole group.
- I agree to treat others with respect. This includes, but is not limited to, the way in which I behave, speak, dress, make physical contact with others, and how I 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 to 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.
- There is a "No Tolerance" policy for alcohol, drugs, controlled substances, fireworks, firearms or weapons. Use or possession of any of these articles is grounds for immediate dismissal of the individual or group, parents/guardians will be financially responsible for the trip home.
- Gambling, fighting and obscene language & paraphernalia are strictly prohibited. Any person (youth or adult) found engaging in any of these activities is subject to dismissal from the event.
- Participants are to respect all adult leaders and follow their instructions at all times. During water front activities, no lifeguards are provided. In the event of an injury, the adults present will have control of the situation until a qualified medical professional arrives on the scene. Participants who do not abide by the guidelines of the event may be restricted from certain activities.
- Guests are not allowed to bring pets onto the premises except service dogs for the disabled.
- Participants must wear shoes and shirt in the Dining Hall. Participants should be dressed appropriately for all activities and may be asked to change clothing to properly suit an activity.
- Smoke detectors, fire extinguishers and exit lights are installed for the safety of our guests and are not to be used except in case of emergency. Misuse of these items may render them inoperable.
- Facilities are equipped for minor injuries and/or illness. Guests experiencing illness or injuries that prevent them from continued participation in scheduled activities will be sent home. Any transportation and expenses incurred are the responsibility of the participants parent/guardian or themselves if over 18.
- No hazing will be tolerated. Even "harmless pranks" hurt someone, and take your concentration away from Jesus. If it keeps you from being the person God wants you to be, don't do it!
- Please notify the directors if you or your group leave the facility. DSM Planning team will only allow participants to leave with direct contact from parents or legal guardian, verification of parents' or guardian's identity, and a written statement of reason for early release from the activity.
- When lights are out, everyone is to stay within dorm room unless individual has been given director's permission to be elsewhere.

EMERGENCY POLICY: Any situation that is deemed an emergency due to health issues, weather problems, facility problems, or other unforeseen reasons, will be handled according to urgency and gravity. Director will contact EMT, parents, law enforcement, administrators, and pastors as necessary to resolve the situation and make sure that the physical and mental health and safety of participants and adults is maintained at all time. If director is unable to fulfill this duty, co-directors will.

ACKNOWLEDGEMENT STATEMENT: I, _____ have read and understand the above rules. I understand that if I do not follow these rules, I could be asked to leave the event at my own (or parent's if youth participant) expense and face other consequences. I will do my best to adhere to all the rules set forth and to maintain the Christian guidelines of this event.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Minister Signature _____ Date _____

DO...HAVE FUN and... **Be** respectful of other's feelings and property. **Be** KINDER than necessary, everyone you meet is fighting some kind of battle. **Be** teachable, everyone you meet is put in your path to teach you something—even if you do not want to learn it. **Be** forgiving, everyone makes mistakes, especially you. **Report** any questionable actions of participants or adults to the directors immediately. **Follow** the "What would Jesus do?" motto at all time, and if He wouldn't do it—THEN DON'T DO IT EITHER!

Release

Disciple Summer Mission (DSM) and their assigned volunteers, staff, and agents, and all other participants in offering mission hereinafter referred to as "Mission Partners" requires a signature for all attendees of the event and all participants of any event activity occurring between Monday, June 29 at 3pm and Friday, July 3rd at 9am.

This event takes all reasonable precautions to ensure our guests a safe and enjoyable experience. Parts of the experience, by their nature, can be physically demanding and include varying levels of stress and anxiety, not all of which can be foreseen. The decision to attend this event and the decision to participate in any mission activity at any level is at all times completely up to the participant and, if there is attendance at the event and participation at any level of any activity, there is a risk, which must be assumed by each attendee and by each participant. Although it is the events goal to maintain the physical, emotional and social safety of each attendee and participant of DSM, the physical, emotional and social risks must be assumed by each attendee and participant.

"I understand that attendance at DSM and participation in any activity may be physically and emotionally demanding. I recognize the inherent risk of physical and/or emotional injury of attending DSM and participating in any and/or all DSM activities. I understand that each participant must assume the risk of injury, physical and/or emotional, and any financial responsibility that could result from attending DSM and participating in any activity. I agree to assume such risks and responsibility. I, on my behalf, and on behalf of my heirs and assigns, hereby release, indemnify and hold harmless Mission Partners from any and all claims, physical and emotional, including bodily injury and/or death, that I may sustain in connection while attending DSM and with my participation in any and/or all DSM activities."

If you feel there are any activities in which you or your child should not be involved, please attach a detailed description of the activities, including the name of the participant, the dates of attendance, and the group he/she will be attending DSM.

Furthermore this form gives permission for the participants voice, picture, image/likeness, or video to be used for promotional purposes including but not limited to web sites, flyers, slide shows, print media and/or video clips which inform people of the services and activities of DSM.

"I understand the directors of DSM reserve the right to dismiss, without refund, any participant whose influence is detrimental to the operation of DSM, as determined by the discretion of the directors."

"I have read (or had read to me) this document in its entirety and I understand the information contained herein. I have freely and voluntarily signed this document."

"I hereby attest that all information listed on the Forms is complete and accurate to the best of my knowledge and that my child or myself are in acceptable health, physical ability and emotional state to fully participate in DSM and all associated activities. I also agree that my child or myself will abide by the General DSM Guidelines as outlined in this document and understand that my child may be dismissed from DSM and sent home at my expense if he/she does not adhere to the established regulations."

The signature provided confirms Agreement to Attend, Participate, Assumption of Risk and Release Form in order to attend DSM and participate in any activity

Participant Name (Please print) _____
Participant Signature _____ Date: ____/____/____

If Participant is under 18
Parent's Name(Please print) _____
Parent's Signature _____ Date: ____/____/____

Medical Form

****This Form Must Be Filled Out to the Best of Your Knowledge** Please Be Sure and Sign this Form**

Participant Name: _____ **Birth Date:** _____

You must fill out each line, if it is not applicable, please put N/A. If we have to take you or your child to the emergency room, all information must be correct in order to best serve you/your child.

ALLERGIES:

☐ Medicine/Drug: _____

☐ Insect Stings: _____

☐ Food: _____

☐ Plant: _____

Are any allergies known to be potentially fatal? _____

Special Diet: (Every effort will be made to accommodate special dietary needs, but DSM cannot guarantee availability of all specialty foods.) _____

Date of last tetanus shot: ____ (Mo.) ____ (Day) ____ (Year)

Are all immunizations current? _____

Activities to be encouraged: _____

Activities to be limited: _____

Is participant prone to: ☐ fainting ☐ headaches ☐ sleep walking

☐ cramps ☐ skin rashes ☐ nose bleeds ☐ sore throat

☐ exhaustion ☐ earaches ☐ swimmer's ear ☐ toothaches

☐ colds ☐ constipation ☐ diarrhea ☐ upset stomach ☐

joint pains ☐ bed wetting ☐ home sickness

DISEASES, CHRONIC OR REOCCURRING ILLNESSES:

☐ Asthma _____

☐ Bleeding Disorder: _____

☐ Skin Disease: _____

☐ Diabetes: _____

☐ Epilepsy/seizures: _____

☐ Heart defect/disease: _____

☐ Stomach Ulcer/Hernia/Appendicitis: _____

☐ Recent Surgery? _____

Other Health related information for DSM personnel - short attention span, etc.

To The Best of My Knowledge (Participant Name) _____ is in good health and is able to participate in all DSM activities with the limitation listed above. In the event of an emergency and if I or my emergency contact is am unable to be reached, I hereby give my permission for whatever emergency medical procedures might need to be performed by staff, first aid personnel, and/or by medical doctor on call at the emergency medical facility. **I understand that should the medical history change, it is my responsibility to let the DSM directors know at registration.**

Over the Counter Medications

"I give permission so that the above named participant may be given the following "Over the Counter" medications in age appropriate dosages as needed while at DSM. Generics may be used. Medications may include but are not limited to, Ibuprofen, Tylenol, Calamine Lotion, Benadryl, Pepto-Bismol, Immodium AD, Emetrol, Triple antibiotic cream, Maalox, Cough Lozenges & Syrup or other OTC medicines as deemed necessary by your adult sponsor and DSM Directors.

Custodial Parent/Guardian Adult Signature

Date _____

Insurance Information: Remember to include a copy of your insurance card. Please send a copy of your insurance Identification card (Front & Back) along with registration.

Medical Insurance Company _____

Policy# _____ Group# _____

Insurance Address & Phone # _____

Family Physician Name & Phone # _____

For office use only Date Received _____ All Signatures Present: Y N Check # _____ \$Amount _____
Check From: _____ Notes: _____