Journey House Campus Ministries
Senior High Weekend

Please complete the following registration form in full. It is imperative that all information requested is provided if possible. There is a $10 registration fee, which covers all meals for the weekend as well as all activities. If you cannot come Friday night you are welcome to join us Saturday morning!

Mail the completed form and registration fee to:

Ben Crowley
1628 E Grand River Ave
East Lansing, MI 48823

Please make registration fee checks payable to Community of Christ.

Due to limited space, be sure to register early to guarantee your attendance at Senior High Weekend!

We can’t wait to see you at Senior High Weekend! It is going to be an awesome weekend filled with fellowship, friends and fun! Take a tour of Michigan State University’s campus and get a taste of life at Journey House! You don’t want to miss this adventure!

If you have any questions or would like further information, please feel free to contact us!

Ben Crowley
(517) 206-0206
bencrowley@rocketmail.com

Journey House:
(517) 337-1845
jhcm@msu.edu
www.msu.edu/~jhcm
# Community of Christ Event Release

**Event:** Journey House Campus Ministries Senior High Weekend, 2013  
**Registrations are due by October 4, 2013. If registering late, please call to ensure space is still available.**

## GENERAL INFORMATION

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<tr>
<th>Name</th>
<th>Age</th>
<th>Current Grade</th>
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**Gender:**  
- [ ] Female  
- [ ] Male

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**Religious Affiliation**  

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<th>Name of Parents, Custodial Parent, or Legal Guardian*</th>
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**Additional Parent, Legal Guardian, or Next of Kin***  

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**Person(s) allowed to pick child up from event:**  

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<th>Relationship</th>
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*Applies only to those under 21 years of age.

## Emergency Notification

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Medical Information
Allergy to foods, medications (if none, so state): ________________________________________

Is applicant currently under a physician’s care for any acute or chronic medical condition? __________

If yes, please explain: ________________________________________________________________________

Does applicant carry non-prescription medication on their person? (if none, so state) _________________

Medication(s) and purpose: ____________________________________________________________________

Does applicant require prescription medications? (if none, so state) _________________________________

Medication(s) and purpose: ____________________________________________________________________

__________________________________________________________________________________________

Physician ___________________________________________ Phone (     ) ________________
Address __________________________ City _________ State/Province _________ Zip Code ______________

__________________________________________________________________________________________

Hospital/Clinic of Choice (if applicable) ________________________________________________________

Health Insurance Provider __________________________________________ Phone (   ) _______________

Policy Holder’s Name(s) _________________________________________________________________

Group Number________________________ Policy Number __________________________

Other Information __________________________________________________________________________

Please attach a copy of both sides of your insurance card.

Health Information
Has applicant ever had any of the following? (Please check if yes and provide month and year of latest occurrence.)
☐ anemia    ☐ appendicitis    ☐ asthma    ☐ bronchitis
☐ chicken pox    ☐ diabetes    ☐ epilepsy    ☐ frequent colds
☐ fractures (describe)      ☐ heart trouble    ☐ heart murmur
☐ HIV    ☐ hepatitis    ☐ kidney trouble
☐ measles    ☐ mumps    ☐ pneumonia    ☐ rheumatic fever
☐ scarlet fever    ☐ sinusitis    ☐ sore throats    ☐ tuberculosis
☐ whooping cough
☐ other

Please list applicant’s major operations or serious injuries (describe and give dates) ______________________

__________________________________________________________________________________________

Please list applicant’s immunization dates for the following (or attach a copy of health card):
DPT ________ booster diptheria ________ booster tetanus ________ smallpox ________
typhoid ________ tuberculin ________ measles ________ mumps ________
polio vaccine ________ other ________________________________

What contagious disease(s) has the applicant been exposed to recently? _____________________________
Please check any of the following conditions that apply to the applicant:

- vision problems
- hearing problems
- hernia
- fainting
- diarrhea
- constipation
- sleep-walking
- bed-wetting
- recent emotional upset — death of loved one, divorce of parents, please explain [additional information]

Please describe any other medical, emotional, psychological, dietary, or physical conditions that could affect the applicant’s experience at the event:

____________________________________________________________________________________

____________________________________________________________________________________

Permission for Medical Treatment
I, the undersigned parent, legal guardian, next of kin, or applicant, hereby authorize any necessary medical treatment for this applicant/myself. I also guarantee payment of all charges incurred during this medical treatment.

Parent/Guardian
Signature/Applicant** ___________________________ Date ________________

Photo Release
In consideration of the right of the applicant to participate in this event, I give consent to and authorize the taking of photographs or videotapes in which the applicant may appear. I waive all right of privacy in and to any said photographs or videotapes.

Parent/Guardian
Signature/Applicant** ___________________________ Date ________________

Activity Consent
I specifically consent to the applicants’ participation in this event. I certify that the applicant has the necessary skills to participate in any of the approved activities (e.g., if boating is approved, the camper can swim). I specifically do NOT want the applicant to participate in the following activities:

_____________________________________________________________________________________________

Parent/Guardian
Signature/Applicant** ___________________________ Date ________________

Liability Release
The undersigned parent, legal guardian, next of kin, or participant acknowledges that even though every effort is made to provide a safe, accident-free environment, incidents may occur. In consideration for being accepted by

Congregation/District/Stake/Region/Mission Center, Community of Christ, or participation in this event, we (I), being 21 years of age or older, do for ourselves (myself) (and on behalf of my child-participant, if said child is not 21 years of age or older) hereby release forever, discharge, and agree to hold harmless the camp and the Community of Christ, and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in this event. Furthermore, we (I) (and on behalf of my child-participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreating and work activities involved therein. Further, authorization and permission is given to said organization to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify said organization, its directors, employees, and agents, for any liability sustained by said organization as the result of negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto. Both parents must sign unless parents are separated or divorced, in which case custodial parent must sign. **Only applicant must sign if 21 years of age or older.

Parent/Guardian Signature/Applicant** ___________________________ Date ________________

Parent/Guardian Signature/Applicant** ___________________________ Date ________________