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:

Abi Fangboner
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!

Abi Fangboner
517-706-9121
abifangboner@gmail.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, 2014
Registrations are due by October 11, 2014. If registering late, please call to ensure space is still available.

GENERAL INFORMATION
Name ____________________________________________ Age _____ Current Grade ______
Gender: [ ] Female [ ] Male
Phone Number (______) __________________________ E-mail ____________________________
Address ____________________________________________ City ______ State/Province ______ Zip Code ______

Religious Affiliation ____________________________ Home Congregation _______________________

Name of Parents, Custodial Parent, or Legal Guardian*
____________________________________________________________________________________

Phone ____________________________ E-Mail ____________________________
Additional Parent, Legal Guardian, or Next of Kin*
____________________________________________________________________________________

Phone ____________________________ E-Mail ____________________________

Person(s) allowed to pick child up from event:
Name ____________________________________________ Relationship ____________________________
____________________________________________________________________________________

*Applies only to those under 21 years of age.

Emergency Notification
Name ____________________________________________ Relationship ____________________________
Phone (______) ____________________________
Address ____________________________________________ City ______ State/Province ______ Zip Code ______
____________________________________________________________________________________

Name ____________________________________________ Relationship ____________________________
Phone (______) ____________________________
Address ____________________________________________ City ______ State/Province ______ Zip Code ______
____________________________________________________________________________________
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 diphtheria__________ 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 ________________________________

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