

**EVENT:** \_\_\_\_\_ **DATE OF EVENT:** \_\_\_\_\_

PLEASE COMPLETE ALL SECTIONS - INCOMPLETE FORMS WILL BE RETURNED WITHOUT REGISTERING

PLEASE TYPE OR PRINT WITH BLACK INK

Participant's Name: \_\_\_\_\_  Male  Female Age Now: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade Completed by June 15, 2011: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sponsoring Congregation: \_\_\_\_\_

**EVENT T-SHIRT ORDER (If Available)**

Y-S (6-8)	Y-M (10-12)	Y-L (14-16)	A-S (34-36)	A-M (38-40)	A-L (42-44)	A-XL (46-48)	A-XXL (50-52)
-----------	-------------	-------------	-------------	-------------	-------------	--------------	---------------

**SIGNATURES (Required)**

**Covenant of Conduct**

*I agree that as a participant in a Coastal Plains Area of the CCSW event, I am expected to follow certain standards which promote a healthy event experience for all. In keeping with these standards, I will not bring alcohol, illegal drugs, fireworks or firearms to the event, nor will I engage in hazing, verbal or physical abuse, or inappropriate sexual behavior. I understand if I fail to comply with the above I will be sent home from the event and my parents/guardians, minister and/or youth minister will be called.*

*I will not intentionally cause the destruction or abuse of facilities and property. I will not bring tobacco products of any kind. I will not change my physical appearance while at the event. I will not bring any items which might interfere with the purpose of the event (electronic games, stereos, skates, skateboards, scooters). I understand that use of personal music devices with headphones will be restricted to sleeping areas. I am aware that the event will be providing my meals and that it is not necessary to bring any personal food items and that food is not allowed in sleeping areas. I agree to follow the daily schedule arranged for the event at all times. I understand that I will not ride in a motor vehicle while at the event (except for a scheduled event activity) and that participant's vehicle keys and cell phones will be given to the director upon arrival. At no time will I leave the event site. I understand that there will be no visitors allowed (including family) while this event is in progress and there will be no visitation in rooms designated for the opposite sex.*

*If I should not act in accordance with this covenant while attending a CPA event, I realize I may be disciplined at the director's discretion. My parents/guardians and my minister will be notified. By my signature on the registration form for this event, I am indicating that I have read and accept this covenant with the expectation of an experience which leads to my own spiritual growth and enjoyment.*

\_\_\_\_\_  
Signature of Participant

**PARTICIPANT**

**Notary**

SUBSCRIBED AND SWORN BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary (Seal Below)

*I hereby acknowledge that my child has accepted the responsibility of honoring the Covenant of Conduct. I also acknowledge that I have read and understand the Covenant and agree to abide by it. I understand if my child is sent home, it is my responsibility to come to the event and pick him/her up immediately.*

*In case of medical emergency, the CPA attempts to secure the best medical care available. I hereby give permission to the physician selected by the Event Director to hospitalize, secure proper treatment for, and to order injections, anesthesia and/or surgery for my child. I release the Coastal Plains Area of the CCSW and its agents from liability for injuries to my child and agree to be responsible for expenses beyond the limits of the health and accident insurance provided for in the fees.*

*Photographs of your child may appear on websites or in print unless you check "No" in the following box.  NO*

\_\_\_\_\_  
Signature of Parent/Guardian

**PARENT / GUARDIAN**

**SPONSOR**

**For Minister/Youth Director of Sponsoring Congregation:** *I know and recommend this person for participation in this event.*

\_\_\_\_\_  
Signature of Minister/Youth Director Title Phone

No Part of the Registration Process May Be Accomplished by Telephone or Fax.  
 The CPA Office Must Have An Original, Signed, Notarized Registration Form.  
 PLEASE COMPLETE ALL SECTIONS - INCOMPLETE FORMS WILL BE RETURNED WITHOUT REGISTERING

EVENT: \_\_\_\_\_ Participant's Name: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Father/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION** – (See Page 1 for Notarized Medical Release Signature)

Insured's Name: \_\_\_\_\_

Medical Ins. Co. \_\_\_\_\_ Policy # / Grp # \_\_\_\_\_

Drug Ins. Co. \_\_\_\_\_ Policy # / Grp # \_\_\_\_\_

A physical exam is not required, but highly recommended. This is especially true if you have questions concerning your child's health and activities at this event. Please complete all medical questions asked on this form. Participants will be covered by insurance for each event.

Prescription Medications: RX Name / Amount / Frequency		

Over-the-Counter Medications: Name / Amount / Frequency		

*Please make sure that a participant who must receive medication during camp brings a sufficient quantity of the medication with him/her and that the medication arrives in the original container with dosage and storage instructions. Participants who take medication for psychological or attention disorders need their medication for a good event experience. Please send such medication with the participant unless otherwise directed by a health care professional.*

**Recent Hospitalization (Reason)**

Allergies	Type of Reaction

Date of Last Tetanus Shot	Dietary Restrictions

**Physical Limitations/Restrictions**

**Are there any conditions, concerns, or information of which we should be aware?**

**CHECK THE CONDITIONS WHICH THE PARTICIPANT HAS HAD OR IS NOW SUBJECT TO:**  
*Please provide additional information for any checked items. Attach additional pages as needed.*

<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heat Stress
<input type="checkbox"/>	Appendicitis	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Recent Illness
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Recent Exposure to Contagious Disease
<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Sleepwalking
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Chronic Infection	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	

*Please type or print; complete all blanks on both sides of form; obtain all specified signatures; and have form notarized.  
 Make checks and other forms payable to your church and return to them. The church will send completed forms with fee payment to:*

Coastal Plains Area-CCSW  
 11750 Memorial Drive; Houston, TX 77024