

First Presbyterian Church of Charlottesville

Montreat Youth Conference

July 8-14, 2012

Cost: \$450

Application due Sunday, January 8

APPLICATION – Page 1 of 4

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

Participant's Email: \_\_\_\_\_

Participant's Home Phone Number: \_\_\_\_\_

Participant's Cell Phone Number: \_\_\_\_\_

Participant's Facebook Name: \_\_\_\_\_

Participant's Birth Date: \_\_\_\_\_ Participant's Age on July 8, 2012: \_\_\_\_\_

Participant will have completed this grade by the end of the 2011-2012 school year: \_\_\_\_\_

Parent(s)' Name(s): \_\_\_\_\_

Parent(s)' Email(s): \_\_\_\_\_

Parent(s)' Cell Phone Number(s): \_\_\_\_\_

Parent(s)' Facebook Name(s): \_\_\_\_\_

We have marked **both** of the following mandatory meetings on our calendars – check if yes:

**Sunday, January 29**

**6:00-7:00 pm**

Mandatory Pre-Trip Meeting #1

For youth and at least one parent

**Sunday, June 10, 2012**

**10:05-11:05 am** (during the Sunday school hour)

Mandatory Pre-Trip Meeting #2

For youth and at least one parent

1) One thing I expect or need from this group while at Montreat is ...

2) One thing I can offer to this group and others while at Montreat is ...

3) One thing I can offer to God while at Montreat is ...

**Application Checklist**

**All four pages** of this application must be fully completed with required signatures on pages 2 and 3. Parent signature is required on page 2, and parent and participant signatures are required on page 3.

Deposit of \$225 made out to First Presbyterian Church with "Montreat Youth" in the memo line. Second installment of \$225 is due on **Sunday, April 29, 2012**. Total cost is \$450.

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**Permission and Medical Release Form  
First Presbyterian Church of Charlottesville**

We are the natural parent(s) or legal guardians of \_\_\_\_\_,  
who has my (our) permission to attend/participate in the 2012 Montreat Youth Conference, July 8-14, as part of  
the First Presbyterian Church Youth Ministry Program.

I (we) hereby authorize the Rev. Kimberleigh Wells as adult, or any other adult connected with First  
Presbyterian Youth Ministry Program, to consent on my (our) behalf to any x-ray, examination, anesthetic,  
medical or surgical diagnosis, treatment or hospital care to be rendered to the above named child under their  
supervision and on advice of any duly licensed physician, when the need for such treatment is immediate and  
when efforts to contact me (us) are unsuccessful.

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

I (we) shall be liable and agree to pay all costs and expenses incurred in connection with such medical and  
dental services rendered to the child mentioned above.

I (we) further agree that unruly behavior shall not be permitted, and agree to support the Youth Ministry Staff  
and Adult Leaders in the enforcement of appropriate rules and regulations. I (we) understand that serious  
violations of these rules could result in my child's being sent home, at my (our) expense.

Parent's (Guardian's) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

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PLEASE PRINT:

FIRST PRESBYTERIAN CHURCH, CHARLOTTESVILLE, VA

ASSEMBLY INN

group (include city and state) you are with at Montreat & where you are staying in Montreat

last name	first name	birth date		
address	city	state	zip	
email address	grade completed ("A" if adult)	first Montreat conference? (y/n)		

**COVENANT FORM FOR ALL YOUTH & ADULTS – MONTREAT YOUTH CONFERENCE**

For this week, we will be doing our best to live together as a family in Christian community. Family life is based on love, respect, trust, support, and spending time together. Each of us as a member of the family is very important. To create and maintain this atmosphere of family and community, we agree to the following covenant:

1. As guests in the township of Montreat, we will be considerate to those who live here by not walking in the middle of the streets and by following the curfew of 11:00 PM each evening.
2. As visitors or residents in the state of North Carolina, we will abide by state law, which prohibits the possession or use of illegal drugs by anyone and prohibits the possession or consumption of alcohol by persons under 21. (If over 21, we will voluntarily abstain from alcohol.)
3. As members of the Youth Conference family, we will:
  - abide by the conference center "smoke-free" policy & college "tobacco-free" policy;
  - abide by the conference center dress code;
  - care for ourselves and others by not hitchhiking or accepting rides from strangers;
  - not bring skateboards, rollerblades, scooters, "super-soakers", laser pointers, air horns, or balloon launchers to the conference;
  - be responsible for our own belongings and respect the property of others
  - keep all our audio devices in our rooms with the volume low;
  - not climb the mountains alone, after dark, or before sunrise;
  - participate fully in the events of the conference;
  - be responsible in our expressions of care, concern, and intimacy;
  - especially care for and respect property in Montreat;
  - respect every individual's racial ethnic background.

I RECOGNIZE THAT I AM JOINING THIS CHRISTIAN FAMILY AND COMMUNITY. I AGREE TO ABIDE BY THIS COVENANT WHILE I AM A MEMBER OF THIS COMMUNITY. I UNDERSTAND THAT IF I BREAK THIS COVENANT BY DISRESPECTING OR ENDANGERING MYSELF OR OTHERS, I MAY BE SENT HOME AT THE SOLE DISCRETION OF THE SENIOR LEADERSHIP TEAM AND/OR THE PRESIDENT OF MONTREAT CONFERENCE CENTER. I FURTHER UNDERSTAND THAT SUCH ACTION WILL BE UNDERTAKEN AT MY PARENT'S EXPENSE AND MY CHURCH SESSION MAY BE NOTIFIED.

**TO BE SIGNED BY CONFERENCE PARTICIPANT:** \_\_\_\_\_

To be signed by parent/guardian **(of each youth conferee or work crew participant):**

*"I have read the Youth Conference Covenant and understand that if my youth or work crew participant breaks the covenant and a decision is made to send them home, it will be at my expense. In case of emergency, I give my permission for medical treatment. Please reach me at the following phone numbers:*

Parent's Day phone: (\_\_\_\_\_)\_\_\_\_\_ Parent's Evening Phone: \_(\_\_\_\_\_)\_\_\_\_\_

Parent's email address: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**NOTE TO ADULT SPONSORS:** Registration is not complete until a copy of this form with all signatures is turned in for each participant. Forms will be collected at registration and held by the Youth Conference office. PLEASE BRING AN EXTRA COPY OF EACH COVENANT FOR YOUR OWN RECORDS. EACH INDIVIDUAL COVENANT SIGNED BY EACH YOUTH AND ADULT WILL BE COLLECTED FROM YOU AT REGISTRATION. PLEASE PLACE YOUR STACK OF COMPLETED COVENANTS THAT YOU WILL TURN IN AT REGISTRATION INTO ALPHABETICAL ORDER. **→ OVER**

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**MEDICAL INSURANCE INFORMATION FORM**

*(PLEASE PRINT)*

\_\_\_\_\_

last name    first name    birth date

**Insurance Company**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Employee Name**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

\_\_\_\_\_

**List surgeries:** \_\_\_\_\_

\_\_\_\_\_

**List allergies:** \_\_\_\_\_

\_\_\_\_\_

**Circle if you have a history with these medical problems:**

- |                                |                              |
|--------------------------------|------------------------------|
| Hay Fever                      | Convulsions                  |
| Lung Problem                   | Bee Sting                    |
| Blood Pressure Problem         | Ulcers                       |
| Fainting                       | Cancer                       |
| Kidney Problem                 | Asthma                       |
| Heart Disease                  | Diabetes                     |
| Sulpha Drugs Allergic Reaction | Penicillin Allergic Reaction |

Other Illness: \_\_\_\_\_