



JULY 27-30

SUMMER

PRAISE & CRAZE

Romans 8:37-39

Middle School & High School YOUTH GROUPS - join us as we LEARN to embrace our identity in Christ to get rid of the "I" in our vocabulary by adding "WE" to it! We will also GO and have a crazy time with paint ball, scavenger hunt, laser tag, bowling, and swimming!!

All YOUTH GROUPS are responsible for their own transportation to all activities.

Registration Deadline is June 29

Forms and 50% of registration fee - No Exceptions

Please contact Veronica Dillon with questions or *scholarships*

MON 9am-4pm
Scavenger Hunt
 Lunch included

TUES 1-5pm
Pharr Aquatic
Center
 Snack included

WED 9am-4pm
Main Event
 Lunch included

THURS 2-8pm
Paint Ball
 Dinner included

Youth \$125

Youth Leaders
\$100

Send forms to:

FIRST UMC MCALLEN
 4200 N. McColl Rd.
 McAllen, TX 78504
 Attn: Veronica Dillon
 (956) 686-3784

www.FUMCmcallen.com

vdillon@mcfirst.com

PARENTAL CONSENT / PERMISSION / REGISTRATION FORM – Summer Praise&Craze

By my signature below, I the parent or legal guardian of the child identified herein, give my consent for my child/teen to participate in children’s and youth activities, outings and other trips sanction or sponsored by FUMC, McAllen, Texas. I understand this includes, but is not limited to transportation for activities away from the physical premises of FUMC, McAllen. I further understand that transportation will be provided as per the Child/Youth/Adult Safety Policy of FUMC McAllen, and may be amended from time to time. I also authorize staff and chaperones to authorize any and all medical treatment necessary for the protection of the health and well-being of my below mentioned child. This consent shall be deemed in effect for the period of time of this event listed above from the date signed, unless revoked in writing.

IDENTIFICATION AND GENERAL HEALTH INFORMATION

Youth Group/Youth Leader: _____

Nick Name: _____ Circle one: Youth / Youth Leader

School: _____ 2015-16 Grade: _____ Gender: _____

Student’s Full Name: _____

Address: _____ City & Zip: _____

Date of Birth: _____ Height: _____ Weight: _____

Allergies: _____

Medications: _____

Reason for all medications listed above: _____

Date of last Tetanus shot: _____

MEDICAL INSURANCE INFORMATION

Name of insured: _____ Insurance Provider: _____

Member ID/Policy #: _____ Plan Type (PPO, HOM...): _____

Insurance Co. Phone No.: _____

Doctor Name: _____ Phone No.: _____

Area Hospital Preference: _____

PERMISSION TO RECEIVE MEDICAL TREATMENT

I authorize EMS personnel and/or emergency physicians and other medical professionals or hospital staff to provide necessary medical treatment to my child who is identified above.

Parent/ Guardian Phone No.: _____ Email: _____

Emergency Contact other than Parent/Guardian: _____

Parent/Guardian Name

Signature

Date Signed

STUDENT BEHAVIOR AFFIRMATION/PHOTO RELEASE

By my signature below, I the student/teen agree to be on my best behavior at this event. I understand that I am responsible for my actions and will be given three opportunities to correct my attitude when I make mistakes. I will try to uphold the FUMC YOUTH MINISTRY Expectations during this event. I will treat everyone with respect; chaperones, leaders, camp staff, and all of my peers. I also agree not bring any items that might disrupt my time with GOD and fellowship with my fellow peers. I understand I will lose my privilege of any items I over use or use at the wrong/inappropriate time. If my actions are not appropriate behavior, I understand I will be sent home.

PHOTO RELEASE

I give permission for photos and videos taken at this event to be used for promotional purposes on the church/district/conference websites or newsletter or posted on the church/district/conference's different social media applications.

Circle one:

YES

NO

Student Name

Signature

Date Signed

Parent/Guardian Name

Signature

Date Signed