

REGISTRATION FORM

2009 Cumberland Presbyterian Youth Conference

Cabin No. (For office use only.)

(Please print or type.)

Last Name	First Name <i>(For Name Badge)</i>	Tel. #	Email
Street or Route		Birth Date	
		<input type="checkbox"/> Female <input type="checkbox"/> Male <i>(Check One.)</i>	
City	State	Zip Code	
Congregation	Presbytery	Education <i>(Last grade completed)</i>	

Allergies or Special Health Needs or Special Dietary Needs	Classification <i>(Place an "X" in the appropriate blank.)</i> <input type="checkbox"/> Youth Participant <input type="checkbox"/> Adult Participant <input type="checkbox"/> Leadership <i>(Staff & YMPC)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____
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<h3 style="margin: 0;">T-Shirt</h3> <p style="margin: 0;"><i>Every participant will receive a T-shirt at CPYC. Please indicate the size you wish to reserve. (Place an "X" in one blank.)</i></p> <p style="margin: 0; text-align: center;"> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL </p>	Cabin Mate <i>(Two persons—same gender—with whom you'd mutually like to be in the same cabin.) NOTE: Cabins will be pre-assigned before CPYC.</i>
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Presentation Team: During CPYC, there will be theme presentations each day. We would like to get volunteer youth to assist in these morning presentations. This could be drama, music, etc. If you would like to volunteer, please indicate below by placing a check mark in the blank. This could mean practices during regularly scheduled activities or during free time.

Yes! I'm interested in participating in the theme presentations.

Special Talents: _____

PERSONAL COVENANT

Trusting that we, as Christians at the 2009 Cumberland Presbyterian Youth Conference, can build a faithful community representative of Jesus Christ and His teaching, I hereby agree to: 1) be responsible in my actions, abiding by the community guidelines (for example, adequate rest, respect for other's ideas and property, consideration for the needs of self and others); 2) obey the policy and not use or possess any tobacco products (cigarettes, chewing tobacco, etc.); 3) participate fully in all conference activities arriving no later than 5 p.m. on July 12 and remaining through lunch on July 17; and, 4) be open in mind and heart to new teachings and for the leading of the Holy Spirit.

(Signature) _____ (Date) _____



For Office Use Only (Do not write in this box.)			
Registration Fee _____	Date Paid _____	Balance Due _____	Date Paid _____

HEALTH FORM

Cumberland Presbyterian Youth Conference

Please provide the information requested below and return your completed form with your registration materials to: CPYC, 8207 Traditional Place, Cordova, TN 38016.

(Please print or type.)

Your Social Security No. _____

<i>Last Name</i>	<i>First Name & Middle Initial</i>	<i>Birth Date</i>	<i>Gender</i>
<i>Street or Route</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Parent, Guardian, or Spouse (name, address, & telephone no.)

If parent, guardian, or spouse is unavailable in an emergency, notify (name, address, & telephone no.):

Family Physician (name, address, & telephone no.)

Date of most recent physical examination: _____

Is the above named conferee in general good health and able to participate in normal conference activities?

(Check one.) ___ YES ___ NO *(If NO, please submit a statement indicating limitations.)*

HEALTH HISTORY: *Place a check mark in the space beside the item(s) below with which you have problems.*

___ *Ear Infections* ___ *Hay Fever* ___ *Diabetes* ___ *Fainting* ___ *Rheumatic Fever*

___ *Ivy Poisoning* ___ *Convulsions* ___ *Asthma* ___ *Insect Stings* ___ *Penicillin*

Other known allergies _____

If any of the above is checked, please submit a statement of the date of the last occurrence of the problem, and how you were treated including medication. Proper medicine must be brought to CPYC and the director informed about it.

Operations or serious injury and date(s) _____

Give most recent dates of the following immunizations: D.P.T. Series _____ *D.P.T. Booster* _____

Polio Series _____ *Polio Booster* _____ *Mumps* _____ *Tetanus Booster* _____

List all current medication by name and dosage (including vitamins). Use Back of Form if needed:

Family Health Insurance Company (name, address, telephone, and policy number)

Your Signature _____ *Date* _____

PARENT OR GUARDIAN: *In case of medical emergency, I understand the every effort possible will be made to contact parents or guardian of conferee. In the event that I cannot be reached, I hereby give permission to the physician selected by the conference director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my son or daughter, as named herein.*

Signature of Parent/Guardian _____ *Date* _____