



MYAC REGISTRATION FORM



Mississippi Young Peoples MYAC Group Registration Form

This form should accompany all release forms for each individual student and adult. Send through any of the following:

Mail: Frank Haynes, PO Box 1147, Jackson, MS 39215

Fax: 601-948-5982

E-mail: frank@mississippi-umc.org

Church Information

Name of District: _____

Name of Church: _____

Address of Church: _____

City: _____ State: _____

Zip: _____

Name of Pastor: _____

Name of Primary YouthWorker or Volunteer _____

(if primary leader is unpaid): _____

YouthWorker or Volunteer's Phone: _____

YouthWorker or Volunteer's E-Mail: _____

Participant Information

Number of Student Participants _____

Number of Adult Participants _____

Total Fee = \$ _____

- \$50 per person Oct. 28, 2011 or earlier
- \$60 per person Dec. 2, 2011 or earlier
- \$70 per person after Dec. 2, 2011
- _____ Mark Here with An X If Any Student Received Scholarships
- _____ Mark Here with An X If Student or Church Received Special Promotion Offer

Make Checks payable to: Mississippi Annual Conference

- **Please Send Check to Address Listed Above**

Important Notes

- **There will be no refunds except for special circumstances which will be decided by Conference Council on Youth Ministries**
- **Please inform the Conference Office immediately concerning any changes**

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive, unless consent is given from parent directly
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group according to the designated schedule is expected
- Respect property
- Respect one another, staff, and adult leaders of conference, other churches, and facilities
- Respect and comply with event schedules
- Respect and follow any additional rules needed for trip or event

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Mississippi United Methodist Annual Conference activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by Mississippi United Methodist Annual Conference (hereinafter the "Conference") from
NAME OF ORGANIZATION

January 1, 2012 to December 31, 2012
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Conference and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Conference. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Conference, the Bishop, the Board of Trustees, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Conference, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the conference staff member.

Parent/guardian signature (If Under 18): _____ Date: _____

