

YOUTH EXCELLING IN LEADERSHIP

YXL NORTHEAST /Reinholds, PA / JULY 6-10, 2021

Student Registration (3 pages)

NAME MALE/FEMALE

ADDRESS

CITY STATE ZIP

AGE GRADE COMPLETED

STUDENT PHONE STUDENT EMAIL ADDRESS

PARENT PHONE PARENT EMAIL ADDRESS

HOME CHURCH

CITY STATE

Please check which conference this is for you:

- 1ST Conference 2ND Conference 3RD Conference 4TH Conference

My t-shirt size is (Note: Ladies sizing for girl's shirts)

- Small Medium Large X---Large

Cost:

* Cost includes lodging, meals, t-shirt, activities, seminar materials and speakers

Student cost:

- \$425 per person
- Save \$25 if you sign up by May 10th
- Additional \$25 late fee if you sign up after June 21st

All checks made out to **Ephrata Reformed Presbyterian Church**. One check for entire cost is preferred. Send all correspondence to:

Reformed Presbyterian Church,
21 E. Locust St, Ephrata, PA 17522
Attn: YXL Northeast Registrar

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Student Release Form

Boulder Ridge Retreat Center

CAMP LOCATION

PARTICIPANT NAME

July 6-10, 2021

CAMP DATES

BIRTHDATE (MO/DAY/YR)

PARENTE/GUARDIAN

DAY CONTACT PHONE

EVENING CONTACT PHONE

PERSON TO CONTACT IN CASE OF EMERGENCY

EMERGENCY CONTACT PHONE

Camp Insurance Coverage and Requirements

1. **ACCIDENT (MEDICAL) INSURANCE (provided)** Susquehanna Presbytery provides Accident medical insurance for participants in our conference program. This is designed to provide for the immediate needs of any participants who might become injured while traveling to or from and while participating in a scheduled program. Participants are insured, round---trip, from departure to return. Losses of personal property are not covered. Claims payment is integrated with any existing coverage of the injured party.
2. **SICKNESS (MEDICAL) INSURANCE (required)** Each participant should have his/her own health insurance to attend the YXL conference. Please indicate your health insurance below:

NAME OF INSURANCE COMPANY

NAME OF POLICY HOLDER

POLICY NUMBER

PARTICIPANT SIGNATURE (If 18 or older)

DATE

FATHER SIGNATURE

DATE

MOTHER SIGNATURE

DATE

GUARDIAN SIGNATURE

DATE

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Student Immunization and Medical Consent

My child has had a TETANUS BOOSTER within the past 10 years." ____Yes ____No
(An updated tetanus booster is required every 10 years.)

In the event of a medical emergency, I hereby consent to the NECESSARY AND PROPER TREATMENT, surgery, and/or anesthetic by a licensed physician health care professional for:

PARTICIPANT'S NAME

What medication(s), if any will you be taking during the camp (and for what purpose)?

MEDICATION

PURPOSE

MEDICATION

PURPOSE

MEDICATION

PURPOSE

Has your child been treated or is currently being treated for any disease, health conditions or allergies that we need to be aware of? If so please list in the space below.

RELEASE OF LIABILITY

I am aware of the potential risks to my child and his/her property as he/she participates in YXL's Conference Program. I understand that some of the activities will involve physical and risk taking (activities such as hiking, ropes course, and team building activities). With this understanding, I will allow my child to participate in the YXL Conference Program, holding said organization, their representatives and employees blameless for my participation. I agree to hold YXL harmless of and from any liability for personal injury and/or property damage, including demands, losses, costs, expenses, and damages arising out of or in any conjunction with such activities regardless of the cause.

PARTICIPANT'S SIGNATURE (if 18 or older)

DATE

FATHER SIGNATURE

DATE

MOTHER SIGNATURE

DATE

GUARDIAN SIGNATURE

DATE