

JUMMP YOUTH REGISTRATION FORM

June 7-11, 2010



Church Name First UMC-Lubbock Contact Person Boyd Goodloe

Name _____ Gender (please circle) *M* *F* Date of Birth ____/____/____

Address _____ City _____ Zip _____ Grade completed _____

Phone (____) _____ e-mail (print clearly) _____

Shirt size (please circle) *M* *L* *XL* *XXL*

Parent's Name _____ Parent's Employer _____ Parent's Occupation _____

Friend or Relative to be contacted in case of emergency _____ Telephone Number _____

Hospitalization Insurance Company _____ Group/Policy Number _____ Ins. Co. Phone Number _____

HEALTH HISTORY (please circle any that apply)

Asthma Fainting Spells Convulsions Diabetes Heart Trouble Sports Restrictions

____ Allergy or reaction to medication, if so, what? _____

____ None of the above ____ Other, if so what? _____

____ Will you be taking any medication during camp, what? _____

(All medication needs to be in original bottle in a Ziploc bag to be turned in to your Church Coordinator at Registration)

____ Do you have back or knee problems? If so explain _____

____ Do you have any medical problems that restrict your physical movement in any way?
If so, explain _____

Date of last Tetanus immunization: _____

OTHER INFORMATION

This will be my 1 2 3 (circle one) JUMMP camp to attend.

Do you speak Spanish? If so, how much do you speak? _____

List First and Last Names of **other family members attending this JUMMP Camp**:

By my signature, I, _____, agree that my youth will participate fully in the Junior high United Methodist Project (hereafter JUMMP). I understand that by my signature I contract and agree as follows. 1) I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for my youth, including surgical procedure if advised by attending physician. 2) I knowingly release, absolve, indemnify, and hold harmless JUMMP and any participating churches or organizations from all claims that might result from any injury and/or death to my youth. This agreement pertains to all programs and activities including those where transportation is provided. 3) Should medical help be needed, I agree to pay either directly and/or through my own personal health and accident policy all medical or hospital costs incurred by my youth. I have listed below or on the back of this form, under my signature, any and all special medical problems concerning my youth and I state that I have been given the opportunity to discuss these with one or more of the adult leaders. 4) I understand the JUMMP covenant found on the back of this form.

Signature of Parent/ Guardian: _____ Student signature for Covenant: _____

YOU MUST ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD TO THIS FORM!



Covenant of Conduct

As representatives of our families, churches, and Jesus Christ, we are called to uphold a high standard of behavior and attitude. This covenant serves as a reminder of ways we can bring honor to God.

1. I will respect the authority of the adult leaders from my own and the other churches.
2. I will respect the youth from my own and other churches by not using putdowns or initiating violence.
3. On the work site I will do my part in work and clean up.
4. On the work site I will respect my client, their home, and property.
5. I will use good stewardship of my church's property and JUMMP property and materials, and will not participate in or encourage paint fights or other wasteful and harmful activities.
6. I will follow the camp schedule and participate in all of the planned activities.
7. I will behave and dress appropriately by following the JUMMP dress code (packing list).
8. I will privately notify an adult immediately if something wrong is happening.
9. I will promote positive thinking, attitudes and atmosphere by refraining from whining, complaining, moaning or profanity.
10. I will not go into the designated areas of the opposite sex.
11. I will not bring or possess any illegal drugs, alcohol, tobacco products, fireworks, weapons, or **electronic equipment (including cell phones, games, iPods, MP3 players, PDAs, Disc players, etc.)**. *I recognize these items will be confiscated and my parents will be notified.*

If I choose to violate terms **1-9** of the covenant, I will receive ONE warning from my Work Team Adult if I am on the worksite, then **ONE warning** from my church leader before calling home to discuss my behavior and consequences. If I choose to violate terms **10 or 11**, **my parents may be called to pick me up.**

As a youth, by my signature on the registration form, I agree to abide by this covenant and its consequences.

As a parent, by signing the registration form, I affirm have read the above covenant and agree with its guidelines and consequences. I will pick up my child if he/she chooses not to abide by the covenant.

Youth and Parent SIGNATURES required on registration form.