

# STUDENT Registration Form

www.chic2009.org

CHIC 2009



07.12-17.09

Parent or Guardian: Complete this form, sign it, and return it with payment (payable to your church) to the CHIC Contact at your church. Please print legibly.

STUDENT FIRST NAME\* \_\_\_\_\_ LAST NAME \_\_\_\_\_

\*note: as you'd like it to appear on your name tag

GENDER  Female  Male

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

GRADE student will be entering September 1, 2009\*  10  11  12  Grad

\*note: students must also be 15 years of age by September 1, 2009

CURRENT ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROV \_\_\_\_\_ ZIP \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

ETHNICITY (optional)  Caucasian  African-American  Hispanic or Latino/a  Asian-American  
 First Nation/Native American  Native Alaskan  Indicate: \_\_\_\_\_

PARENT/GUARDIAN CONTACT \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

## MEDICAL INSURANCE\*

INSURANCE COMPANY NAME OR CANADIAN HEALTHCARE NUMBER ↑

INSURANCE COMPANY ADDRESS ↑

CITY ↑ STATE/PROV ZIP

PHONE ↑

NAME OF INSURED ↑

POLICY # ↑

PHYSICIAN ↑ PHONE

\*In addition to your own insurance, accident insurance will be provided during the week of CHIC 2009 for students. Canadian residents should purchase travel insurance.

## DENTAL INSURANCE (if different than medical insurance listed above)

INSURANCE COMPANY NAME ↑

INSURANCE COMPANY ADDRESS ↑

CITY ↑ STATE/PROV ZIP

PHONE ↑

NAME OF INSURED ↑

POLICY # ↑

## MEDICAL INFORMATION

1. Is your son/daughter currently under the care of a physician for a medical problem?  Yes  No

If yes, please explain: \_\_\_\_\_

2. Is your son/daughter currently taking medication prescribed by a physician?  Yes  No

If yes, please list each medication and indicate whether or not it needs refrigeration:

\_\_\_\_\_  Requires Refrigeration

\_\_\_\_\_  Requires Refrigeration

\_\_\_\_\_  Requires Refrigeration

3. Please list any over-the-counter medications you do not wish dispensed to your child for treatment of minor ailments or injuries.

\_\_\_\_\_

4. Does your son/daughter have any of the following medical conditions?

If yes, please explain any details underneath the condition.

- Chronic health problems?  Yes  No

- Allergies (e.g. food, bee stings, medications)?  Yes  No

- Program limitations (e.g. contact sports)?  Yes  No

- List any other information about your son/daughter that an attending physician needs to be aware of.

5. Date of Last Tetanus \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Last MMR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I authorize the above information:

PARENT OR GUARDIAN SIGNATURE ↑ DATE

PRINT PARENT OR GUARDIAN NAME ↑

# PARENTAL CONSENT & Medical Release Form\*

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(Attendee's name) \_\_\_\_\_ will be attending CHIC 2009, at the University of Tennessee. As parent(s) or legal guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said attendee we (I) hereby release, forever discharge, and agree to hold harmless, the Evangelical Covenant Church, The University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and the owners, directors, officers, agents, and employees and volunteers thereof, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said attendee is participating in CHIC 2009.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage and expense as a result of participation in recreation and excursion activities involved therein. Further, authorization and permission is hereby given to CHIC 2009 staff to furnish any necessary medical care, transportation, food, and lodging during CHIC 2009.

We (I) are the parent(s) or legal guardian(s) of this attendee and hereby grant permission for him/her to participate fully in CHIC 2009, and hereby give CHIC staff permission to take him/her to a doctor or hospital and authorize medical treatment. We (I) will assume all responsibility for all medical bills. I understand that if medical treatment is required we (I) will be contacted as soon as possible.

Should it be necessary for attendee to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for the Evangelical Covenant Church to publish images of activities and of this attendee for the purpose of promoting CHIC and the Evangelical Covenant Church through communications channels of the Evangelical Covenant Church. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions and recreation opportunities at CHIC 2009. We (I), the parent(s) or legal guardian(s), fully understand and acknowledge that (a) outdoor recreational activities have: inherent risks, dangers and hazards that exist in use of whitewater rafting equipment, kayaking equipment, paintball equipment, mountain bikes, hiking trails, and horses, participation in horseback riding, whitewater rafting, kayaking, paintball, mountain biking, and other activities; (b) participation in such activities and/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, and the forces of nature or other causes; and (d) by participation in these activities and/or use of equipment, we (I) hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, and employees and volunteers, of the University of Tennessee, Smoky Mountain Outdoors Rafting, Mountain Challenge, or by any other person including the Evangelical Covenant Church.

We (I), the individual(s) and our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify the Evangelical Covenant Church, the University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and their respective owners, directors, officers, agents, and employees and volunteers from any and all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendees use of whitewater rafting equipment, kayaking equipment, horses, paintball equipment, mountain bikes, hiking trails, or participation in whitewater rafting, kayaking, horseback riding, paintball activities, mountain biking, and hiking, and general participation at CHIC 2009.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging and waiving any claims or actions that we (I) may have individually or on behalf of our child or ward presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, and employees and volunteers of The University of Tennessee, Smoky Mountain Outdoors Rafting Company, Mountain Challenge, and the Evangelical Covenant Church.

**(continued on next column)**

Parent /Guardian Name \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent /Guardian Name \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Must be signed by both parents unless parents are divorced or separated.**

## STANDARDS OF CONDUCT

Compliance with the following standards of conduct is expected of all students and adults at CHIC. If you fail to comply, you may be sent home from CHIC at your own expense.

1. Use and/or possession of alcohol and/or other controlled substances, fireworks, firearms, or other dangerous weapons (e.g. knives, slingshots, laser pointers, etc.) during CHIC is prohibited.
2. No student or adult may leave campus without first obtaining permission from the Information Center (except during recreation and excursion hours, 12:15 P.M.- 5:30 P.M.).
3. Evening dorm time, check-in, and lights out are strictly enforced.
4. Individuals are liable (and will be billed) for any damage they intentionally or accidentally commit to the University of Tennessee or to CHIC property.
5. Attendance is mandatory for all general sessions, base camp gatherings, small groups, and focus sessions.
6. The CHIC identification provided must be worn at all times by students and adults.
7. All students are under the supervision of their respective counselors. Counselors and residence hall supervisors have the right to confiscate, for the duration of CHIC, any items used abusively by students.
8. Male and female students may spend time together in residence hall lounges. Under NO circumstances are males allowed in residence hall rooms or on floors where females are housed, nor are females allowed in residence hall rooms or on floors where males are housed.
9. Quiet hours (12:30 A.M. - 6:30 A.M.) are to be observed in residence halls (no music, yelling, cheerleading, etc.).
10. Smoking is not permitted in any of the residence halls or UT buildings.
11. The University of Tennessee does not allow the use of in-line skates, roller blades, roller-skates, scooters, and skateboards on the campus. Bicycles are allowed on designated walkways. Skateboards and in-line skates may only be used in the Knoxville Skate Park.
12. Throwing objects from residence hall windows is a federal offense. Perpetrators are sent home at their own expense and the University of Tennessee may prosecute.
13. Please utilize all pedestrian crosswalks. Do NOT jaywalk because it provides a significant risk to your safety, given the amount of traffic that will be present during this event. Perpetrators may be fined and/or cited for refusing to use pedestrian crosswalks.

Student Name \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

## EMERGENCY CONTACT

In case of emergency and parent or guardian is unable to be reached, please contact:

Primary Contact \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Secondary Contact \_\_\_\_\_  
 Phone \_\_\_\_\_