

HCUCC Youth Stewards
'Aha Pae'āina
Thursday, June 6, 2019 – Saturday, June 8, 2019
Nu'uano Congregational Church

REGISTRATION FORM: This form is to be filled out only by youth who are were in grades 6 through 12 during 2018–2019 School Year. Please complete the Registration, Covenant and Health Forms.

Please Print Clearly or type.

Last Name	First/Middle	Date of Birth	Age in June 2019
Prefers to be called		Gender o Male o Female	Grade completed in school:
Mailing Address			
City	State	Zip	
Home Phone ()		Cell phone ()	
Email			
Your local church	Church Street Address		
Church City/Town	State	Zip	
Pastor's Signature (Required)		<input type="checkbox"/> Is a Youth Delegate from this church. <input type="checkbox"/> IS NOT a Youth Delegate from this church.	

Tee-Shirt Size ___ Small ___ Medium ___ Large ___ X-Large ___ XX-Large

Registration Amount enclosed: Choose one option:

\$25 (full amount)

Registrations will be accepted through May 10, 2019 on a space available basis

Need air transportation

Parent/Guardian Permission

I am aware that (name) _____ wishes to attend the 2019 HCUCC Youth Stewards in Honolulu and has my full permission to do so.

Parent/Guardian Signature _____ Date _____

Day Phone number: (_____) _____ Evening Phone Number:(_____) _____

Additional ways I can be contacted in an emergency:

FAX: (_____) _____ Cell Phone: (_____) _____

Pager: (_____) _____ E-mail: _____

Hawai'i Conference UCC 'Aha Pae'āina Youth Stewards Covenant

The following covenant is to be adhered to by all HCUCC Youth Stewards participants (youth and adult advisors). If any conflicts arise, they will be openly discussed with leaders and/or peer participants. Any violations will be dealt with by the Camp staff and may result in the participants being asked to return home at their expense.

We, the participants in the 2019 HCUCC 'Aha Pae'āina Youth Stewards, agree to honor the following statements:

I will treat all people (event participants as well as anyone else we meet during the event, including staff and visitors) with dignity and respect.

I will not use profanity.

I will respect the property of all people and will not take money or items that are not mine. I will take precautions to keep my possessions safe.

I will use the facilities made available to us with care. If I hurt or accidentally damage property, I will take responsibility for the damage done and inform an advisor right away.

I will not smoke or use electronic cigarettes. I will not bring matches or lighters to the event. The 2019 'Aha Pae'āina Youth Stewards program is A SMOKE-FREE EVENT.

I will not engage in public displays of affection.

I will not engage in sexual activity.

I will not bring or use alcohol and/or illicit drugs.

I will be mindful of others' rights to privacy.

I will honor the curfew.

I will not leave the group unless I have permission to and will honor any adult's decisions concerning where I may be allowed to go and with whom I may go.

I will participate in sharing and living our faith, being open, friendly, and respectful to others, and will fully participate in the activities and experiences of the 2019 'Aha Pae'āina Youth Stewards Program.

While I am at the 'Aha Pae'āina, I am a representative of my local church and the Hawai'i Conference United Church of Christ. I will keep this in mind and behave accordingly.

I will honor my local church covenant in addition to this 2019 'Aha Pae'āina Youth Stewards Program Covenant.

Participant Signature: _____ Date: _____

For Parents/Guardians of Youth Participants

I understand that my son/daughter will be attending the 2019 'Aha Pae'āina Youth Stewards Program at Nu'uaniu Congregational Church in Honolulu. I also understand that if he/she does not abide by the covenant he/she may be sent home at my expense.

Parent/Guardian Signature: _____ Date: _____

**Return To: ATTN: 2019 HCUCC Youth Stewards, Hawai'i Conference UCC,
1848 Nu'uaniu Avenue, Honolulu, HI 96817**

2019 'Aha Pae'āina Youth Stewards Program June 6–8, 2019 Combined Health Information and Permissions Form

Personal Information

Each youth (under age 18) and adult participant must complete this form to participate in the 2019 'Aha Pae'āina Youth Stewards Program. It is to be completed by a parent/guardian if the participant is a minor or not legally responsible for him/herself.

Please print clearly:

Participant's Name _____ Height _____ Weight _____

Address (include City/State/Zip)

In case of emergency, notify _____ Relationship _____

Phone(s) Home: (____) _____ Work (____) _____ Cell/Pager (____) _____

Parent/Guardian Name

Address (include City/State/Zip)

Phone(s) Home: (____) _____ Work (____) _____ Cell/Pager (____) _____

Health Information

Medical Insurance and Physician Information

Insurance company _____ Policy # _____ Group # _____

Address _____ Phone (____) _____

Full Name of Policy Holder

Doctor's Name _____ Phone (____) _____

Immunizations (give month/year)

Tetanus ___/___ Polio ___/___ DPT ___/___ MMR ___/___ Meningitis ___/___ Hepatitis B ___/___

Allergies (Check all that apply and describe food allergies)

Hay fever ___ Penicillin ___ Sulfa ___ Other drugs (include name) _____

Bee sting ___ Poison ivy/oak ___ Foods _____ Other _____

Health Concerns (check all that apply)

Asthma ___ Skin condition ___ Sleep walking ___ Depression ___ Ear, Nose, Throat ___ Anxiety ___

Joints ___ Diabetes ___ Cramps ___ Hyperventilation ___ Convulsions ___

Heart disease ___ Fainting ___ Acne ___ ADHD/ADD ___

Special needs: large print ___ signing ___ hearing device _____

Vegetarian Yes No Other special dietary needs/ instructions: _____

Other _____ Explain any "Yes" responses or other health or emotional concerns:

Recent illness or surgery _____ Recent exposure to communicable disease _____

Is the participant in general good health and able to participate in all normal activities Yes No
Explain any restrictions:

Current Medications (list only those needed during the camp):

IMPORTANT: Medications brought from home MUST be in their original containers. Send only the amount needed plus two extra doses. Do not send a huge supply.

Medication _____ Dosage _____ Times to be taken _____

Medication _____ Dosage _____ Times to be taken _____

Is your youth temporarily off any medications that they take during the school year? Yes No
Can your youth be expected to take the right amount of medication at the proper time? Yes No

I give my permission for my youth to administer his/her own medication: Parent/guardian signature _____ Date _____

OR
I give my permission for youth advisors or health professional to administer my child's medication: Parent/guardian signature _____ Date _____

Over-the-Counter Medications

To treat the symptoms your youth may have while at the Youth Camp, please fill out the following table of over-the-counter medications which will be administered to your youth if he/she can take them and has need of them. We will plan to have a moderate supply of the items that are checked by participants, but will only administer them with your permission as indicated below.

Symptom	Medication	Yes	Symptom	Medication	Yes
Cough	Robitussin		Upset stomach	Mylanta Tums	
Allergy/Stuffy Nose	Claritin Claritin-D		Menstrual cramps	Ibuprofen Tylenol	
Mild allergic reactions	Benedryl antihistamine		Bug bites Poison ivy	Calamine caladryl	
Fever, headache, pain	Tylenol		Sunburn	Solarcaine Aloe	
Diarrhea	Kaopectate		Cuts, scrapes	Bacitracin, Neosporin	
Constipation	Prune juice, Grape Juice, applesauce				

List any comments or additional over-the-counter medications you do NOT want administered to your youth here (use back if more room needed for comments):

Parent/guardian or attending physician must sign below before Over-the-Counter medications marked "yes" above, will be administered to minors (under age 18):

Youth's Name(print) _____ Parent/Guardian's Name _____

Signature: _____ Date _____

Consent and Emergency Treatment Authorization

I request that the 2019 'Aha Pae'āina Youth Stewards Program personnel and leaders, area hospitals, medical staff personnel, agents and employees to have access to information contained in this form and to provide all medical care, routine tests, and necessary transportation advisable for my health or the health of my child. I acknowledge that no representations, warranties, or guarantees as to the result or cures will be made. I hereby give my permission to medical staff to secure and administer treatment including hospitalization for myself, _____, (adult advisors) or my child, _____, (youth participants).

Signature of adult participant _____ **Date** _____

Signature of parent/guardian _____ **Date** _____

Transportation Permission

Permission is required if someone other than a family member is transporting a youth to an event. A duplicate copy of the Combined Health and Permissions Form will be kept in the vehicle with the traveler during transit.

I give my permission for the transportation of the above named person(s) to and from the sites of the 2019 'Aha Pae'āina Youth Stewards Program and/or for the transportation for off-site tours and trips.

I give my permission to the 2019 'Aha Pae'āina Youth Stewards Program and to the appointed adults responsible to give any needed medical assistance to the above names person(s) should there be an emergency or accident in transit. The following information is provided to assure the best appropriate care.

Youth's Name(print) _____ **Parent/Guardian's Name** _____

Signature: _____ **Date** _____

Photograph Release/Permission

I give the 2019 'Aha Pae'āina Youth Stewards Program and the Hawai'i Conference UCC my permission to use photographs, images, or likenesses of me ("my image"), alone or with other persons, without restrictions as to editing, for publication in any form in all print and electronic media of the Conference and/or the United Church of Christ, including but not limited to The Friend and the website. I waive rights of inspection or approval prior to the use and publication of my image.

I understand that the Conference cannot control the unauthorized use of my image by parties other than the Conference once my image is published. I understand that the Conference disclaim any responsibility for unauthorized use of my image after publication.

I release and hold harmless the Conference, its directors, officers, members, employees and agents from any claims, damages or other relief associated with the use and publication of my image by the Conference.

This consent to use my image is voluntarily given and I waive all rights of compensation for the use and publication of my image by the Conference.

If under the age of 18, authorization from parent or guardian is required:

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Relationship: _____