

DiaCON Alley

BBUUC

September 6-8 2013

Opening Circle at 12 Midnight Friday night

Please bring your own reusable cup!!

CONdeans: Will Cromar: williamcromar58@gmail.com and Jillian Christiansen:
Jillian@christiansens.com

Legal Name of Attendee: _____

Age: _____ Date-of-birth: _____

Email Address: _____

Facebook contact info: _____

Nickname: _____ Gender: ____ T-Shirt Size: ____

Address: _____

Church/Fellowship: _____

Advisor (Please observe our 8-to-1, youth/advisor ratio): _____

Food Needs: Please contact Will or Jillian with your food needs by one week in advance of the CON

Additional Information (Please include medical needs): _____

Conference Rules: • Community breaking behaviors, such as sexual activity, destructive actions or attitudes are prohibited. • No tobacco products, alcohol, illegal drugs, weapons or fireworks are allowed. • If a youth is taking prescription drugs or has a medical condition, he or she must inform his or her advisor. • Quiet same gender and coed sleeping must be made available at all conferences, and an advisor must stay in any sleeping area where there are two or more people. • One blanket=one person, no sharing of blankets. • All advisors attending the Con must have completed Advisor Training. In special cases, the youth council co-chairs may waive this requirement. • All attending the conference must remain onsite. In order to leave the premises, one must receive permission from his or her advisor and inform a designated advisor from the hosting church. • All attending the Youth conference, regardless of age, must abide by these rules, understanding that they may have to forego some of their usual privileges. • Additional rules may be set by the hosting group. The purpose of these rules is to ensure a safe and peaceful environment, which is conducive to community building.

I, _____, have read the event Rules. I understand the importance of community and the role that the rules play in the support of our intentional, weekend gatherings. I wish to preserve our right to have these gatherings and, therefore, I will follow those rules, and any others set by the hosting congregation, and encourage others to do so.

Conference attendee (signature): _____

Conference attendee's printed name: _____

Our Con fees are based on sliding scale in recognition that not everyone has the same financial resources and our belief that every youth deserves to have a Con experience. Please select what you can afford to pay. Make checks payable to BBUUC

____ Actual Cost \$25 ____ Scholarship Cost \$15 ____ Sponsorship Cost \$35

T-Shirts cost \$5 pre-order \$10 on site

Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand this material will only be used in Beacon settings

Photographic, audio, or video recordings may be used for the following purposes:

~CON presentation

~Beacon Facebook pages

~Beacon activities

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the internet or in public Beacon activities

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for Beacon purposes.

Full Name: _____

Email Address: _____

Youth Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____

Attendance Permission by Parent/Legal Guardian:

I give permission for my youth, _____, to attend this event. I give my permission to any advisor at the event to seek medical attention for my youth in the event of an emergency.

I can be reached at: (daytime contact number): _____

(Evening contact number): _____

(Alternative contact number): _____

I have informed my youth's advisor of any medical or emotional conditions that may affect his or her or others well being. Medical Release / Insurance Billing: • Permission to release information to insurance: By signing this form, I hereby assign payment from all insurance carriers with whom I have coverage or from whom benefits are, or may become, payable to me, directly to the hospital and physicians who render services covering the admission/period of treatment, and past and future treatment if related to the incident or condition giving rise to this admission. This assignment shall include settlements or judgments flowing from the incident for which the registrant is receiving treatment and/or master medical benefits otherwise payable to me, but shall not exceed the regular charges for this and any other period of treatment.

Treatment authorization: I hereby give consent for _____ to receive diagnostic procedures, hospital care, medical treatment and the taking of photographs that do not reveal identity, which in the judgment of the attending physician may be considered necessary or advisable while they are a patient.

Parent's/Guardian's printed name: _____

Parent's/Guardian's signature: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me, or who produced the following document as identification: _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

**THIS FORM MUST BE NOTARIZED! A COPY OF YOUR
INSURANCE CARD MUST BE ATTACHED!!**

Forms Checklist

Completed Registration Forms

Notarized and Signed Parental Permission Form

Copy of Insurance card if applicable

Check payable to BBUUC

What to bring

- Bedding: blankets, pillows, air mattress, cot, etc...
 - 2 changes of clothes
 - Hygiene Products
 - Snacks for GORP (Nothing with nuts, due to allergies)
 - Personal medications
- (Prescriptions must be listed on the medical information)
- Cloths for rough housing (i.e. long sleeve, jeans)
 - A reusable cup