**STUDENT REGISTRATION FORM**

MUUUCE (MOST UNBELIEVABLE ULTIMATE URBAN CAMPING EXPERIENCE)

IS AN UNFORGETTABLE, SPIRITUAL, HIGH-ENERGY THREE DAYS OF VALLEYFAIR, LIVE WORSHIP, GREAT SPEAKERS, FRIENDS, FOOD & FUN WITH HUNDREDS OF MIDDLE SCHOOL STUDENTS & LEADERS!

**AUGUST 2-4, 2018**

AT CROSSROADS CHURCH – WOODBURY, MN

FEE OF $ \_\_\_\_125\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS DUE BY \_\_\_\_July 8th\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAKE CHECKS PAYABLE TO: Zion Covenant Church

# STUFF TO KNOW:

## You’re about to have an amazing couple of days!

* We get to camp out on the floors of local schools!
* We will not have showers or A/C (but we will have fans!)!

## There will be great food at the carnival on Thursday but you may want to have a snack before you arrive.

**WHAT NOT TO BRING:**

* Anything you would be sad to lose
* Weapons/drugs/alcohol/tobacco
* Speedos or bikinis
* Your cell phone (see bottom of “Standards of Personal Conduct Agreement” for details)

**WHAT TO BRING:**

## Bible, journal & pen

* Pillow, sleeping bag & sheet (it may be warm). You’ll be sleeping on a gym floor so you might want to bring a twin size air mattress (please, no larger).
* Toiletries (deodorant, toothbrush, toothpaste)
* A pair of socks
* Closed-toe shoes (some activities require a closed-toe shoe)
* Small bag/ backpack for carrying gear around during the day
* Beach towel & one-piece swimsuit for Valleyfair (Unlined swim trunks or cutoffs are not allowed)
* Sunscreen & sunglasses
* Refillable water bottle
* Money for extras at Valleyfair, concession stands, & the other activities

# Parent/Guardian:

1. Complete this form.
2. Sign the PARENT & GUARDIAN CONSENT & MEDICAL RELEASE.
3. Have your student sign the STANDARDS OF CONDUCT.
4. Return everything along with your registration fee to the MUUUCE leader at your church.

All fields are required, please print legibly.

* First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student Mailing Address

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Church Registering with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Gender: □ Male □Female Birthday / / \_ Grade, fall of 2018: □6 □ 7 □8 □9
* T-Shirt Size (adult sizes) □S □M □L □XL □2XL □3XL

## **Medical Concerns:**

* Dietary Concerns & Food Allergies □no □yes -
* If you answered “yes” for your student, you will need to email Wendy Rhein at [WendyRhein@crossroadschurch.cc](mailto:WendyRhein@crossroadschurch.cc) by July 24th to discuss the available dietary options.
* Other Allergies: □none □bees □seasonal □penicillin/amoxicillin □aspirin/ibuprofen/naproxen □ acetaminophen

□other (please list only non-food related allergies):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Does this person have chronic health issues? □no □yes:
* Does this person have program limitations (i.e. contact sports)? □no □yes:
* Does this person have mental health issues? □no □yes:
* Is this person currently under the care of a physician for medical reasons? □no □yes:
* Is this person currently taking medication prescribed by a physician? □no □yes:
* Please list any over-the-counter medications you do not wish dispensed to this person for treatment of minor ailments or injuries: \_
* Date of last tetanus shot / /
* List any other information about this person that an attending physician needs to be aware of:

**PARENT/GUARDIAN #1 WILL BE CONTACTED IN CASE OF EMERGENCY**

## Parent/Guardian #1

## First Name Last Name

* Relationship to student Contact Phone # / /
* Email address

Parent/Guardian #2

* First Name Last Name
* Relationship to student Contact Phone # / /
* Email address

Contact the following when Parent/Guardian cannot be reached:

* First Name Last Name
* Relationship to student Contact Phone # / /

Medical Insurance:

* Name Phone # / /
* Name of Insured Policy #

Dental Insurance:

* Name Phone # / /
* Name of Insured Policy #

# This year’s policy on usage of cell phones at MUUUCE…

This year we are asking that students leave their cell phone at home. Social media/ constant connectedness on our phones is something that we desire to free all our students from during their few days at MUUUCE this year. If your student does decide to bring their cell phone on the trip, we have asked their youth leader/pastor to collect them upon their arrival at MUUUCE. We will hand them back to their group leader as they depart on Saturday. Should you need to connect with your student because of a family emergency, you can call their youth leader/pastor at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or you can contact the MUUUCE team directly on our emergency line at 612-709-9690 (this number will only be in use during the MUUUCE event).

**PARENT & GUARDIAN CONSENT & MEDICAL RELEASE**

(Attendee’s name) will be attending MUUUCE 2018, at Crossroads Evangelical Covenant Church in Woodbury, MN. 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, & agree to hold harmless, the Northwest Conference of the Evangelical Covenant Church, Crossroads Evangelical Covenant Church, and (student’s sponsoring church, hereafter referred to as “Sponsor Church”), excursion sites, & the owners, directors, officers, agents, & employees & volunteers thereof, from any & all liability, claims or demands for personal injury, sickness or death, as well as property damage & expenses, of any nature whatsoever which may be incurred by the undersigned & the participant that occur while said attendee is participating in MUUUCE 2018.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage & expense as a result of participation in recreation & excursion activities involved therein. Further, authorization & permission is hereby given to MUUUCE 2018 staff to furnish any necessary medical care, transportation, food, & lodging during MUUUCE 2018.

We (I) are the parent(s) or legal guardian(s) of this attendee & hereby grant permission for him/her to participate fully in MUUUCE 2018, & hereby give MUUUCE staff permission to take him/her to a doctor or hospital & authorize medical treatment. We (I) will assume all responsibility for all medical bills. We (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 Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church to publish images of activities & of this attendee for the purpose of promoting MUUUCE & the Northwest Conference of the Evangelical Covenant Church through communications channels of the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions & recreation opportunities at MUUUCE 2018. We (I), the parent(s) or legal guardian(s), fully understand & acknowledge that (a) outdoor recreational activities have: inherent risks, dangers & hazards that exist; (b) participation in such activities &/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial &/or total paralysis, or other ailments that could cause serious disability; (c) these risks & 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, & the forces of nature or other causes; & (d) by participation in these activities &/or use of equipment, we (I) hereby assume all risks & dangers & all responsibility for any losses &/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, & employees & volunteers, of the Crossroads Evangelical Covenant Church, or by any other person including the Northwest Conference of the Evangelical Covenant Church & Sponsor Church.

We (I), the individual(s) & our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify the Northwest Conference of the Evangelical Covenant Church, Crossroads Evangelical Covenant Church, Sponsor Church, & their respective owners, directors, officers, agents, & employees & volunteers from any & all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendee’s participation at MUUUCE 2018.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging & 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, & employees & volunteers of the Northwest Conference of the Evangelical Covenant Church, Crossroads Evangelical Covenant Church & Sponsor Church.

**MUST BE SIGNED BY ALL PARENTS/GUARDIANS**

Parent/Guardian Name:

Signature:

Date:

Parent/Guardian Name:

Signature:

Date:

**NON-REFUNDABLE**

\*\*WE/I UNDERSTAND THAT THE PAYMENT FOR THIS EVENT IS NON- REFUNDABLE. WE/I AGREE NOT TO REQUEST A REFUND IF MY CHILD IS UNABLE TO ATTEND.

Parent/Guardian Initials:

# STANDARDS OF PERSONAL CONDUCT

# Student Signature Required

I, student’s name  commit to fully engage in the programming during MUUUCE 2018. This will require that I adhere to the following Standards of Personal Conduct

I will:

* Abide by all rules and expectations of MUUUCE and my church.
* Actively demonstrate the values of safety, responsibility and respect.
* Fully engage with positive participation in all activities and discussions.
* Observe Quiet Hours (no music, yelling, cheerleading, etc.).

I will not:

* Engage in any behavior that may be disrespectful or harmful to the health and safety of the participant or others.
* Possess, use or consume: illegal drugs, alcoholic beverage or tobacco.
* Use or possess fireworks, firearms, or other dangerous weapons (e.g. knives, slingshots, laser pointers, etc.).

I understand that:

* Individuals are liable (& will be billed) for any damage they intentionally or accidentally commit to Crossroads Church or to MUUUCE property.
* All students are under the supervision of their respective church leaders.
* Leaders have the right to confiscate, for the duration of MUUUCE, any items used abusively by students.
* Crossroads Church does not allow the use of in-line skates, roller blades, roller-skates, scooters, & skateboards on the church campus.

Any infraction or disregard for the Standards of Personal Conduct may result in my immediate dismissal from MUUUCE 2018. I acknowledge that I may be sent home from MUUUCE 2018 at my own expense.

I understand and agree to abide by these Standards of Conduct:

Student’s Name (printed):

Student’s Signature: Date:

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