

# 2010 YOUTH INITIATIVE REGISTRATION FORM



## APPLICATION INSTRUCTIONS:

1. Fill out this Registration Form in its entirety and attach your answers to the short essay questions. Additional copies can be downloaded at [www.yiconference.org](http://www.yiconference.org).
2. You, your Parent/Guardian, and Youth Pastor must all sign and date this Registration Form, including the Liability Release.
3. Fax and/or mail this Registration Form, Short Essay Questions, Liability Release, and \$250 Registration Fee to:  
Youth Initiative, c/o Gloria Kim, 3263 Greenwood Oak Drive, Norcross, GA 30092 [Fax: 866-718-5852]  
All checks should be made out to "Youth Initiative"
4. All Registration Forms must be postmarked/faxed by May 14<sup>th</sup> 2010.
5. Registration Fees are non-refundable, but transferable.
6. Please contact Prumeh Lee (Program Director) with questions at 845-625-4562 or prumeh@yiconference.org.

## PERSONAL INFORMATION:

I am attending Youth Initiative as a \_\_\_\_\_ Student \_\_\_\_\_ Youth Worker/Pastor/Jundo  
 \_\_\_\_\_ Counselor \_\_\_\_\_ Chaperone

\_\_\_\_\_  
 FIRST AND LAST NAME DATE OF BIRTH (MONTH/DAY/YEAR)

\_\_\_\_\_  
 HOME STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
 HOME PHONE # YOUR CELL # PARENT/GUARDIAN CELL #

\_\_\_\_\_  
 EMERGENCY CONTACT NAME RELATIONSHIP TO YOU EMERGENCY CONTACT PHONE #  
 M F 10 11 12 C

\_\_\_\_\_  
 EMAIL ADDRESS SEX (M OR F) GRADE (AS OF FALL 2010)

## CHURCH INFORMATION:

\_\_\_\_\_  
 CHURCH NAME CITY STATE

\_\_\_\_\_  
 YOUTH PASTOR NAME YOUTH PASTOR CELL #

## MEDICAL INFORMATION: (IF NONE, WRITE "N/A")

\_\_\_\_\_  
 INSURANCE COMPANY NAME POLICY HOLDER

\_\_\_\_\_  
 POLICY # INSURANCE COMPANY PHONE #

\_\_\_\_\_  
 LIST ANY & ALL SPECIAL MEDICAL PROBLEMS, FOOD/DRUG ALLERGIES, AND DIETARY NEEDS

\_\_\_\_\_  
 LIST ANY & ALL MEDICATIONS THAT WILL BE TAKEN DURING YOUTH INITIATIVE

## TRAVEL INFORMATION:

How will you be getting to Youth Initiative? \_\_\_\_\_ By Car \_\_\_\_\_ By Airplane

\_\_\_\_\_  
 ARRIVAL DATE AIRLINE FLIGHT # ARRIVAL TIME

\_\_\_\_\_  
 DEPARTURE DATE AIRLINE FLIGHT # DEPARTURE TIME

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## YOUTH INITIATIVE PRESS & MEDICAL RELEASE

1. I authorize any of the leaders of Youth Initiative to obtain any and all necessary medical and/or dental attention and/or treatment for me, including surgical procedure if advised by the attending physician. I have listed on this Registration Form any and all special medical problems concerning myself, and I confirm that I have advised the leaders of Youth Initiative of any special medical problems.
2. I fully release, discharge, and waive any claim or right of action, which I have or might later have arising from any negligent acts or omission of Youth Initiative, any of its employees, agents, or any of the adult leaders arising out of any activity associated with Youth Initiative.
3. I agree to indemnify and hold harmless Youth Initiative, its employees, agents, and leaders for damages resulting from negligent or intentional acts committed by myself.
4. I authorize publication or broadcast of my image in any press release and/or media publication arising out of any activity associated with Youth Initiative.
5. I understand that travel between home and Youth Initiative is my responsibility, and I will not hold Youth Initiative responsible for accidents or injury related to travel to and from the conference.
6. Private insurance information must be provided, if applicable. If a participant does not have health insurance, please be advised that, should a participant require medical attention, **you are responsible for paying any and all costs not covered by insurance.**

## YOUTH INITIATIVE CODE OF CONDUCT

The intent of this covenant is to ensure the integrity and dignity of Youth Initiative and its participants.

- I understand that the Registration Form must be postmarked by May 14<sup>th</sup>, 2010 in order to finalize the registration process.
- I understand that this is a Christian Conference and not a vacation.
- I desire to become a leader for Christ and to serve Him.
- I will treat all participants respectfully in accordance with the teachings.
- I will participate fully in all conference activities with a positive attitude.
- I will adhere to the rules and regulations established by Youth Initiative, some of which are listed here:
  - Video games, Discmans, MP3 players, and the like, or other valuable items are not permitted.
  - Alcohol, illegal drugs, and tobacco are not permitted.
  - No one may enter the dorm/room of the opposite sex.
  - Everyone must dress appropriately - no skimpy tops, short shorts/skirts, etc.

## AGREEMENT

By my signature below I acknowledge that I have read and agree to the Youth Initiative Press and Medical Release terms on this Registration Form. I have also read and agree to abide by the Youth Initiative Code of Conduct. I affirm that all of the information on this Youth Initiative Registration Form is true and correct. I also hereby authorize the release of any medical information that might be needed in connection with payments for medical services. I request that payment under my medical insurance program be made directly to the provider on any bills for services rendered by that provider. I understand that I am financially responsible for fees not covered by this authorization.

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PARTICIPANT'S SIGNATURE

DATE

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PARENT/GUARDIAN'S SIGNATURE

DATE

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YOUTH PASTOR'S SIGNATURE

DATE



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## LIABILITY RELEASE, WAIVER, DISHCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release executed by (Participant) \_\_\_\_\_ whose address is \_\_\_\_\_, and by (Legal Guardian) \_\_\_\_\_, whose address is \_\_\_\_\_ to Korean American United Methodist Youth Initiative and Georgia Institute of Technology (the Institution).

We, the undersigned, request that (Participant) \_\_\_\_\_ be granted permission to participate in **Korean American United Methodist Youth Initiative 2010** ("Activity"), to be held at **Georgia Institute of Technology** (YI is not a function of Georgia Institute of Technology) on **June 26-30, 2010**.

In consideration of the Participant being permitted to participate in the Activity, we do release, waive, forever discharge, and covenant not to sue the Institution, its governing board, officers, agents, employees, and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which Participant may have or which may hereafter accrue to Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Participant or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while Participant is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

We have signed this "Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks of such activities, which dangers include but are not limited to physical injuries, and which could include serious or even mortal injuries and property damage. We understand that Participant may be transported in private vehicles and engage in athletic activities. We further attest that we have fully discussed the aforementioned risks and hazards, and Participant and Participant's Parent/Guardian agree that the Participant has individually assumed the risks involved with this Activity as witnessed below.

We understand and agree that Releasees do not have medical personnel available at the location of the Activity or on the campus. We understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. We state that Participant has no allergies or medical conditions that should be shared with emergency medical providers or we state that the following allergies or medical conditions should be shared with any emergency medical provider in the event Releasees must authorize emergency medical treatment: (list any and all allergies and/or medical conditions) \_\_\_\_\_. We understand and agree that Releases assume no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

It is our express intent that this release and hold harmless agreement shall bind the members of Participant's family and spouse, if Participant is alive, and Participant's family, estate, heirs, administrators, personal representatives, or assigns, if Participant is deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant Not to Sue" the Above-Named Releasees. Participant's Parent/Guardian further agrees to save and hold harmless, indemnify, and defend Releasees from any claim by Participant or Participant's family, arising out of Participant's participation in the Activity.

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In signing this Release, Participant and Participant's Parent/Guardian acknowledge and represent that we have fully informed ourselves of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that we have reviewed it and Participant understands what it means and that we sign this document as our free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. We further state that there are no health-related reasons or problems which preclude or restrict the Participant's participation in this Activity, and that Participant has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result off injury to the Participant.

We further agree that this Release shall be construed in accordance with the laws of the State of Georgia. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

I, Participant's Parent/Guardian further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant, and for Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

IN WITNESS WHEREOF, we have executed this release this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

**THIS IS A RELEASE OF LEGAL RIGHTS. PLEASE READ BEFORE SIGNING.**

PARENT / LEGAL GUARDIAN

STUDENT / PARTICIPANT

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)