



PARTICIPANT R	REGISTRATION FORM & MEDICAL RELEASE (Youth & Adult)
Name:	
Address:	
City/St/Zip:	
Phone:	( )
Email:	
Birth Date:	
T-Shirt Size:	S M L XL 2XL 3XL
Grade:	6 7 8 Adult
Gender:	M F
Allergies or medical concerns:	
Medical Insurance Provider: _	
Insurance Policy Number:	
Emergency Contact Name:	
Emergency Contact Number:	
Relationship:	
the Jr. High DYG 2019 including swany pictures or videos taken during for publicity purposes. We (I) author examination, anesthetic, medical, under the general or special suppractice Act on the medical staff of said physician or at said hospital connection with such medical & connection with with such medical & connection with with such medical & connection with with with with with with with with	The permission to our (my) child to attend and participate in the activities sponsored by wimming, recreational activities, and servant projects. We (I) give permission to allowing the Pacific Southwest District of the Lutheran Church – Missouri Synod to be used thorize an adult, in whose care the minor has been entrusted to consent to any X-ray surgical, or dental diagnosis or treatment, & hospital care to be rendered to the minor pervision and on the advice of any physician or dentist licensed under the Medical of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the undersigned shall be liable & agrees to pay all costs & expenses incurred in the dental services rendered to the aforementioned child pursuant to this authorization.
Parent/Legal Guardian:	
Relationship:	Date:



#### **PARTICIPANT COVENANT**

- 1. As Christians, we will treat each other with love and respect, building each other up.
- Our leaders will be open and honest, take care of problems "now," help bring people together with their struggles and be guardians of the covenant with all participants going with us to the Jr. High DYG.
- 3. We will ensure one another's privacy by not entering the rooms when not invited—no couples alone in rooms. We will deal with problems by going to the person first, then to a friend, and then to those in authority.
- 4. We will obey all rules set down by the Jr. High DYG leadership: Full participation in Jr. High DYG events; lights out and quiet by 10 p.m. each night; no use of illegal drugs or alcohol; no smoking; and always travel in groups of 3 or more.
- 5. Anyone with a "major" discipline problem will be sent home at the expense of the parent, (especially drugs & alcohol).
- 6. We will dress in a way that is God-pleasing.

I promise to live by this covenant as I experience the Jr. High DYG 2019.

Participant Signature:	 
Parent/Guardian Signature:	 
Date:	



# **Recreational Activity Waiver**

### Shooting Sports • Aquatics • Zip Line & Challenge Courses

This Liability Waiver / Participant Agreement limits the liability of The Irvine Ranch Outdoor Education Center, (IROEC).

#### PLEASE READ IT CAREFULLY

#### Shooting Sports (Archery, BB Gun, Tomahawk & Wrist-Rockets)

Injuries and accidents can be nearly eliminated when safety rules are followed. Students will show mastery of the safety rules and procedures prior to using any IROEC Shooting Sports equipment. Students will be taught proper form, safety rules and general knowledge of the equipment. Students will be expected to adhere to all safety rules and follow guidelines on care of the equipment. Anyone ignoring or not following expectations may be sidelined from the activity until sufficient retraining has occurred to insure everyone's safety.

Absolutely no Shooting Sports equipment is to be brought from home. No BB Guns, air-rifles, AirSoft® rifles, tomahawks, bows, arrows, arm guards, sights or releases may be brought by participants.

California Penal Code Section 12552: Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor.



Tomahawk: 13+ yrs. old Other Areas: 8+ yrs. old

Under 8 must be accompanied by an adult, one-on-one, at all times.

### Zip Lines, Challenge Courses, Climbing & High Ropes Area (C.O.P.E.)

The Challenging Outdoor Personal Experience (C.O.P.E.), activities offered at The Irvine Ranch Outdoor Education Center, involve a certain degree of risk that could result in injury or death.

All participants shall be provided with and instructed in the proper use of helmets, harnesses, belay equipment and other items as may be required to safely complete each specific challenge area. Participants will be taught proper form, safety rules and general knowledge of the equipment. All will be expected to adhere to all safety rules and follow guidelines for proper care of the equipment. All participants MUST follow the instructions of IROEC trainied staff at all times. Anyone ignoring or not following expectations may be sidelined from the activity until sufficient retraining has occurred to insure everyone's safety.



40 lbs. - 300 lbs. High Ropes: 13+ yrs. old Other Areas: 8+ yrs. old

Younger & Under 40 lbs. at discretion of IROEC staff

Shooting Sports, Zip Line and C.O.P.E. Course participants MUST wear sturdy, closed-toe shoes at all times.

#### Aquatics (Swimming, Water Sports, Water Slide)

All participants will be expected to adhere to all safety rules and follow instructions of the IROEC Aquatics Staff and Lifeguards. Anyone ignoring or not following expectations may be sidelined from the activity until sufficient retraining has occurred to insure everyone's safety.



Swim-checks required for deep-end access.

An adult must accompany children 5 years and under, one-on-one in the water at all times.

In consideration of the benefits to be derived and after carefully considering the risk involved and in view of the fact that the Boy Scouts of America is an organization in which participation is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of myself (and any minor children for whom I have the capacity to contract), I have carefully considered the risk involved and have given the participant identified below, my consent to participate in the Recreational Activities available at The Irvine Ranch Outdoor Education Center\* (IROEC).

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract), the IROEC, the Boy Scouts of America, Orange County Council, program staff, activity coordinators, all employees, volunteers, or other organizations associated with IROEC from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the IROEC or its officers, clients, agents or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering.

I give permission to the IROEC to take photographs of me, my children and any minor children for whom I have the capacity to contract, while participating in this activity for use in future publicity and understand that I will not receive any compensation for such use. In case of emergency, I hereby give my permission to the physician selected by the IROEC, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for myself or any minor children for whom I have the capacity to contract.

\*The Irvine Ranch Outdoor Education Center is owned and operated by Orange County Council, Boy Scouts of America.

lacknowledge that the activities to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract. I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREETO ALL THE SPECIFICATIONS OF THIS WAIVER.

LCMS Pacific SW District Jr High DYG	March 16-18, 2018		
EVENT NAME OR GROUP	EVENT DATE(S)	-	
NAME OF PARTICIPANT (Please Print)	SIGNATURE OF PARTICIPANT	- –	DATE
NAME OF PARENT / GUARDIAN (Please Print)	SIGNATURE OF PARENT / GUARDIAN		DATE



### Redeemer by the Sea Lutheran Church Kindergarten and Preschool

"A Lighthouse to Our Community and the World"

## Medical & Liability Release Form

Address		Male	Female
City	State	ZipF	Phone
Medical Information-			
Please list any allergies			
Please indicate anything else that arise:		nelp avoid or deal with a	ny situation that may
anse			
Emergency Information-			
Insurance Carrier		_ Group / Policy Numbe	r
Emergency Contacts:			
Name	Relationship	Work #	Home #
1.			
2.			
3.	Doctor		After hours:
District Youth Gathering, retreats, To the best of my knowledge he/s (my) permission to the church stat him/her should the need arise. We charge, to admit him/her to a hosp	he is in good health and of f/counselors and other ac e (I) also grant my permis	capable of extended phy dults in charge, to admir sion to the church staff/	vsical activity. We (I) grant our nister emergency first aid to counselors and other adults in
With our (my) signature we (I) relections, loss, cost, damage, or expinjury to any person or property dupersonal injury, sickness, death, dactivities involved therein. We (I) Kindergarten and Preschool, its dinegligent, willful or intentional acts In addition, we (I) understand and reasons, disciplinary action or other	ense arising out of or from uring these events. On be lamage and expense as a agree to hold harmless a rectors, employees and a s of the participant, including agree that if our (my) chi	m any accident or any or ehalf of our (my) child, wa result of participation in and indemnify Redeemer agents, for any liability sing expenses incurred. Id should need to return	n charge from any and all ther occurrence, causing we hereby assume all risk of a recreation and work by the Sea Lutheran Church, sustained as the result of the home due to medical