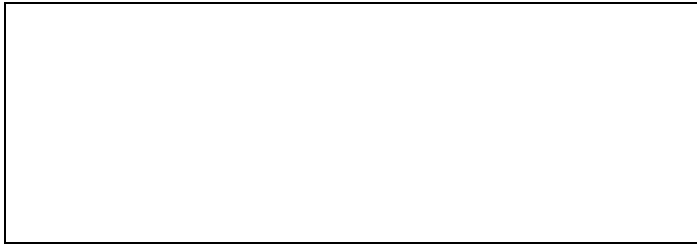


CSLCS TEEN EVENT REGISTRATION



Youth's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Grade : _____ Gender: (Circle one) Male Female

Street Address: _____

City: _____ State: _____ ZIP: _____

E-mail address: _____

Parent (sponsor) Last Name: _____ First Name: _____

Parent Street Address (If different from teen's) _____

City: _____ St. _____ Zip: _____ E-mail: _____

Evening (Home) Phone: _____ Day (Work) Phone: _____ Cell Phone: _____

CODE OF CONDUCT

I, the undersigned youth, agree to live within the following code of conduct and to obey all rules and curfews at the Center for Spiritual Living Colorado Springs activity or event. The purpose of the activity and the reasons for my presence are to expand my thinking, for spiritual renewal, to acquaint myself with Religious Science principles, to learn how to apply these principles in my everyday life and to enjoy myself by doing so. The Youth Director and other adults are present to guide the activity and maintain the code of conduct. I know that these people are in charge and I accept their authority, follow their direction and keep the code of conduct.

I have read and understand the following rules:

1. I will stay within the grounds and boundaries at all times.
2. I will not bring nor drink alcoholic beverages, drugs, or any other mind-altering substances.
3. I will not bring knives, firearms, or other weapons.
4. I will not engage in intimate sexual behavior, conversation or relationships while engaged in this activity.
5. I will report any injury or illness immediately to an advisor.
6. I will be at all events on time and participate fully in all scheduled activities.
7. I will respect the privacy and property of others, as I would want them to respect mine.
8. I agree to be where I am supposed to be, doing what I am supposed to be doing at all times.
9. I will obey all rules.

I realize that if I break any of the rules, I will meet with an advisor or the Family Ministry Coordinator (FMC). Considering the seriousness of the offense, the FMC has the option of sending me home, and I understand that my parent(s) will be responsible for paying any transportation costs.

The code of conduct will be in force for the duration of the activity or event including transportation to and from it. The Centers for Spiritual Living and/or its affiliate will not be responsible for any consequence that results from any infraction of the code of conduct.

I pledge to be my word.

I support these boundaries and consequences.

Teen Signature

Date

Parent/Guardian Signature

Date



MEDICAL BACKGROUND

Participant's Last Name: _____ First Name: _____

This form is confidential and only seen by the Director, small group leader or medical staff.

Please indicate whether this youth has experienced any of the following and explain what the medical staff may need to do about it. If you need more space for explanations, please use the other side of this sheet.

Convulsions: _____ Diabetes: _____

Severe allergic reactions (please circle): Plants _____ Drugs: _____

Food Allergies: _____ Insects/Animal allergies: _____

Operations or serious injuries: _____ Chronic or re-occurring Illness: _____

Date of last tetanus shot: _____ Any specific activities to be restricted: _____

Is participant vegetarian? _____

Any medically restrictive dietary requirements: _____

Other: Explain (We will make every effort to observe your requests, however, highly specialize diets may require that participant brings their own food or supplements):

List all medications and dosage instructions: _____

Name of Health Insurance Company: _____ Policy # _____

Note: All medicine must be bagged and identified with complete dispensing instructions. All medicines (including over-the-counter medication) must be turned in to the medical staff for the duration of the event or activity.

Has this youth been in counseling within the past 12 months? Yes _____ No _____ **Note:** If currently under psychological care, CSLCS must have a signed letter from the primary care therapist indicating approval for this youth's attendance at this event.

MEDICAL AND TRANSPORTATION CONSENT AND RELEASE

This health history is accurate so far as I know and the person herein described has permission to engage in all prescribed event activities except as noted above by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for and to order injection, anesthesia, e-ray examination, blood transfusion, laboratory procedures, setting for broken bones and/or surgery for my child as named below.

The undersigned (parent or parents, or court appointed guardian of the Child named below) hereby consent to the performance and rendition of all emergency medical treatment and services and all other medical treatment and services directed by, performed by, or rendered by any person licensed to practice medicine or directed by, performed by or rendered by other qualified medical personnel during such **Child's attendance at and travel to and from any activities** conducted or sponsored by or connected in any way with the Centers for Spiritual Living, if applicable, the Member Church designated below. Without limiting the generality of the foregoing, the terms medical treatment and services include the administration or performance of x-ray examination, injections, blood transfusions, laboratory procedures, anesthesia, setting of broken bones and surgical procedures.

The undersigned hereby indemnify and agree to hold the Centers for Spiritual Living, and if applicable, the Member Church designated below and their agents and employees, free and harmless against any damages, losses, costs or expenses resulting from or arising out of any claims, demands or causes of action that may arise out of or result from any such medical treatment or services.

Member Church: Center for Spiritual Living, 3685 Jeannine Dr. Colorado Springs, CO 80917- Tel: 719.596.6894

Phone contact where parent or responsible adult may be reached (24-hour access is required)

Both parents must sign if both have custody of the Child.

Parent/Guardian Signature: _____ Relationship: _____

AM Phone: _____ PM Phone: _____ Other: _____

Parent/Guardian Signature: _____ Relationship: _____

AM Phone: _____ PM Phone: _____ Other: _____

Return form to Teen Center or Mail Completed Form to:
CSLCS Family Ministry
3685 Jeannine Drive
Colorado Springs, CO 80917