



# STUDENT REGISTRATION & CONSENT FORM

## GENERAL INFORMATION

**Participant Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Sex:**  Male  Female

**Grade Attending in Fall:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

Please do not release my child under any circumstances to (Name & Relation to Participant):

\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Relation to Participant:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_

**Relation to Participant:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

## MEDICAL INFORMATION & AUTHORIZATION

**Primary Care Physician:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Medical Insurance:**  Yes  No

**Insurance Provider:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Plan or Group Number:** \_\_\_\_\_

**Policy Holder Name** \_\_\_\_\_ **Policy Holder DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health Conditions:** Check all that apply:

None     Asthma     Diabetes     Heart Condition     Seizures

**Other:** \_\_\_\_\_

No known allergies     My child has allergies (Food, Medication, Environmental, etc.):

\_\_\_\_\_

**Special Dietary Needs:**  Yes  No (If yes, please describe): \_\_\_\_\_

\_\_\_\_\_



My child will be bringing medication(s) to the conference (All medications must be turned in to designated medical staff upon arrival in original packaging with a Medication Administration Form.)

I give permission for my child to receive over-the-counter medications (such as Ibuprofen, Acetaminophen, Benadryl) as needed.

I DO NOT give permission for my child to receive any medications.

I, the undersigned parent/legal guardian, grant permission for my child to receive first aid and medical treatment as deemed necessary by conference staff. In case of a medical emergency, I understand that every effort will be made to contact me. If I cannot be reached, I authorize emergency medical treatment, including transportation to a hospital.

I release Hill Country Church, its staff, volunteers, and affiliates from any liability related to injuries, illness, or accidents that may occur during the conference, including transportation and off-site activities.

I agree to the above statement regarding medical treatment and liability.

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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### CONFERENCE ACTIVITIES & LIABILITY WAIVER

**Activities Include:** Worship sessions, group discussions, team-building activities, recreational outings, and a tubing excursion in San Marcos.

Participants will engage in a supervised tubing activity on the San Marcos River. Safety measures include **mandatory** life jackets and adult supervision. If you do NOT wish for your child to participate, please indicate below.

I DO give permission for my child to participate in tubing.

I DO NOT give permission for my child to participate in tubing.

I acknowledge that participation in this event is voluntary, and I hereby release Hill Country Church, its staff, volunteers, and affiliates from any claims related to injuries or accidents occurring at the event. I also grant permission for my child's image to be used in promotional materials and social media.

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRANSPORTATION CONSENT**

Youth Revival Camp Conference involves daily transportation to and from the event venue and group lodging at a local hotel. Adult chaperones will supervise students at all times.

- I give permission for my child to be transported by conference-approved vehicles and drivers.
- I DO **NOT** give permission for my child to be transported by conference vehicles (I understand that I must arrange alternative transportation).

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**HOTEL STAY POLICIES & CODE OF CONDUCT**

- Youth will be assigned to rooms with same-gender and age-appropriate groupings.
- Curfew will be strictly enforced. No youth may leave their assigned room after curfew without permission.
- No youth may enter the room of the opposite gender.
- Youth are expected to respect all leaders, follow instructions, and adhere to conference guidelines.
- Possession of alcohol, drugs, tobacco (including vaping), or weapons is strictly prohibited.

Failure to comply with these policies may result in dismissal from the event at the parent/guardian’s expense.

**I have read and understand the hotel stay policies and agree to abide by them.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CODE OF CONDUCT AGREEMENT**

To ensure a safe and respectful environment, all participants must adhere to the following:

1. Follow all instructions from adult leaders and conference staff.
2. Respect others at all times—bullying, fighting, and inappropriate language will not be tolerated.
3. No possession or use of alcohol, drugs, tobacco, or weapons.
4. Public displays of affection (PDA) are not allowed.
5. Dress modestly and appropriately for all activities.
6. Respect the property of others, including hotel and church facilities.
7. Adhere to scheduled events—no wandering from designated areas.

Failure to follow these guidelines may result in dismissal from the conference at the parent’s expense.

I agree to the above Code of Conduct and understand the consequences of non-compliance.



Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTO/VIDEO RELEASE**

Youth Revival Camp and affiliated churches may use photos and videos of participants for promotional purposes. If you do NOT want your child included, please indicate below.

- I DO give permission for my child’s image to be used in conference media.
- I DO **NOT** give permission for my child’s image to be used in conference media.

Signature of Parent/Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FINAL CHECKLIST**

(For administrative use)

- Completed and signed registration form
- Medical information and consent
- Transportation permission
- Hotel policies agreement
- Medication Administration form (if applies)
- Any additional special considerations attached

We are excited to welcome you to Youth Revival Camp Conference 2025!

If you have any questions, please contact us at (512) 353-5322 or email us at brodie@hillcountrychurch.net.



# MEDICATION ADMINISTRATION FORM

**\*\*If necessary, make additional copies of this blank form in order to provide requested information for each medication.**

- All medication must be turned in to Youth Revival Camp Conference at Hill Country Church Medical Staff.
- List all medications on this form.
- Put this form and the medications listed in a sealable plastic bag.
- Write the participant's name, date of birth, and church name on the bag.
- Give the bag to the group leader.
- Prescription medication must be properly labeled. If dosage on the container is different than what is to be given, a doctor's note must accompany the prescription with current instructions.
- No medication will be given unless they are in original containers per Texas Department of State Health Services.
- Youth Revival Camp Conference at Hill Country Church Medical Staff request that you do not send Over-the-Counter medications (e.g., Tylenol, Ibuprofen, Benadryl, etc.), as these types of medications are provided by HCC.

### Participant Information:

Participant Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Sex:  Male  Female

Church Name/ City: \_\_\_\_\_ / \_\_\_\_\_

Group Leader/Youth Pastor: \_\_\_\_\_

Conference Dates: \_\_\_\_\_ - \_\_\_\_\_

My child **can independently** take their scheduled medications but requires supervision to ensure proper administration.

My child **needs assistance** in selecting and taking the correct medications according to their medication schedule.

As the parent or legal guardian of the above-named child or for my adult self, I give my permission to the enlisted Youth Revival Camp Conference at Hill Country Church Medical Staff to administer, as prescribed by law, the medication listed below to my child/ward or myself.

\_\_\_\_\_  
**Signature** of Parent/Guardian                      **Date**

\_\_\_\_\_  
**Print Name** of Parent/Guardian                      **Phone Number**

<b>Medication</b> As written on packaging	<b>Form</b> e.g. tablet, capsule, liquid, inhaler, etc.	<b>Dosage</b> amount to be given	<b>Frequency</b> how often	<b>Purpose</b>	<b>Comment</b> special instructions