



STUDENT REGISTRATION & CONSENT FORM

GENERAL INFORMATION

Participant Name: _____ DOB: _____ Sex: Male Female

Grade Attending in Fall: _____ T-Shirt Size: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Parent/Guardian Name: _____

Relation to Participant: _____

Parent/Guardian Phone: (____) _____ - _____

Parent/Guardian Email: _____

Alternate Emergency Contact: _____

Relation to Participant: _____

Alternate Emergency Contact Phone: (____) _____ - _____

Alternate Emergency Contact Email: _____

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

Name: _____

Relation to Participant: _____



CONFERENCE ACTIVITIES & LIABILITY WAIVER

Activities Include: Worship sessions, group discussions, team-building activities, recreational outings, and a swimming & tubing excursion in San Marcos River. Participants will engage in a supervised swimming and/or tubing activity on the San Marcos River. Safety measures include **mandatory** life jackets for weak or non-swimmers and adult supervision for all. If you DO NOT wish for your child to participate, please indicate below.

- My child is a proficient swimmer and is capable of swimming in moving river water. I elect for my child to swim and tube without a life jacket/vest and assume all associated risks.
- My child is a weak or non-swimmer. I understand that a life jacket/vest is required for my child at all times while on the water, and I request that one be provided/utilized.
- I DO **NOT** give permission for my child to participate in river tubing or swimming.

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).

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

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.



CAMP 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. Refunds will not be issued if the participant is dismissed on these grounds.

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

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 acknowledge that river swimming and/or tubing involves inherent risks, including but not limited to: unpredictable currents, submerged debris or 'strainers,' slippery or uneven river beds, and sudden changes in water depth or temperature. I certify that the swimming proficiency indicated above is accurate, and I voluntarily assume all physical and environmental risks associated with my child’s participation, including the decision regarding the use or non-use of a life jacket.

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

I agree to be available via phone 24/7 and will pick up my child within 1 hour if they are dismissed for conduct violations.

If any part of this agreement is found to be unenforceable, all other sections shall remain in full force and effect.

Signature of Participant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Print Name:** _____ **Date:** _____

We are excited to welcome you to Youth Revival Camp Conference 2026!
If you have any questions, please contact us at (512) 353-5322 or email us at brodie@hillcountrychurch.net.



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 and is able to take their medications responsibly, without need for help, monitoring, or reminding.

My child will be bringing medication(s) to the conference that he/she will need help or monitoring for taking. (All medications must be turned in to designated medical staff upon arrival in original packaging with a **Medication Administration Form -Page 5**).

I give permission for my child to receive over-the-counter medications (such as Ibuprofen, Acetaminophen, Benadryl) as needed. (The parent/guardian listed will receive notification immediately via phone call, or text if no answer).

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: _____



MEDICATION ADMINISTRATION FORM

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

- Medication must be turned in to Youth Revival Camp Conference at Hill Country Church medical staff if assistance is needed.
- 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

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