

Youth Annual Conference 2015 - IGNITE

May 29-31, 2015 – Jackson First UMC, Jackson, TN

What to expect: It's the return of Youth Annual Conference! This event brings together youth from all across the conference to worship, fellowship, eat, study, and serve God together. We hope to "IGNITE" a fire in the hearts and souls of students from across Memphis Conference as we offer Christ to a hurting world.

What to bring: Participants need to bring sleeping bags, pillows, and inflatable mattresses (if desired) since we will be staying overnight at Jackson First UMC. All meals will be served at Jackson FUMC. If there are any dietary needs, please make notes on this form. Shower facilities are located on-site, so participants will need to bring towels and other toiletry items.

Questions? Rev. Kristofer & Alyssa Roof, Conference Coordinators of Youth Ministry
kroof@colliervilleumc.org (901) 853-8383 ext. 118

Please Print Neatly and Complete All Sections

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-mail: _____

Age: _____ Gender: _____ Church: _____

T-Shirt Size: _____ Dietary Needs: _____

Parent's/Guardian's Name: _____

Emergency Phone: _____ Youth Pastor: _____

Participant's Signature: _____ Date: _____

Parent's/Guardian's Signature: _____ Date: _____

Payment (\$50 per participant)

_____ Check Enclosed
Make checks out to:
Memphis Annual Conference
Memo: YAC 2015

Mail All Completed Forms & Payment to:

Rev. Kristofer Roof
Collierville UMC
454 W. Poplar Ave.
Collierville, TN 38017

NOTE: If students are arriving late or leaving early, please make note on this form.

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Jackson First UMC, Jackson, TN

Friday – May 29th

5:30	Registration Opens
7:00	Opening Celebration
8:00	Break-Out Groups
8:30	Full Group Game
9:30	Break / Gathering Before Worship
10:00	Worship in Sanctuary
11:30	Lights Out

Saturday – May 30th

7:30	Breakfast
9:00	Morning Worship
10:00	Break-Out Session #1
10:30	District Break-Out Meetings
11:30	Break-Out Session #2
12:15	Break
12:30	Lunch
1:45	Mission Project
3:30	Concert/Open Mic
4:30	Game Time
5:15	Dinner
6:15	Break-Out Session #3
7:00	Liturgical Dance Practice
8:00	Break
8:15	Gathering in Youth Room
9:15	District Break-Out Meetings
10:15	Worship in Sanctuary
11:30	Lights Out

Sunday – May 31st

7:30	Breakfast
10:00	Sunday School with Jackson FUMC Youth
11:00	Worship in Sanctuary
12:00	Lunch
1:00	District Break-Out Meetings
2:30	Gathering at Civic Center for Program Practice
4:30	Opening of Memphis Annual Conference (Closing of YAC)
5:30	Parents Pick Up Students from Jackson FUMC

Medical Release Form
Memphis Annual Conference of The United Methodist Church
Conference Youth Council
Effective May 1, 2015 through April 30, 2016

(Please Print)

Name of Student _____ Date of Birth _____

Address _____ Age _____

Town _____ ST _____ Zip _____

Phone Number (_____) _____ Sex _____ Height _____

Weight _____

Social Security Number _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from student) _____

_____ Cell (_____) _____

Phone Number (Home) (_____) _____ Work (_____) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____

Address _____

Town _____ ST _____ Zip _____

Phone Number (Home) (_____) _____ Work (_____) _____

Insurance Information:

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No

Name of insurance company _____

Policy No. _____ Group No. _____

Insurance company telephone number: _____

In whose name is the insurance? _____

Family Doctor _____ City/Town _____

Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Pre-existing or present medical conditions

Medications you CAN NOT TAKE: _____

Name and dosage of any medications that must be taken

(Please send these medications in their original bottle as received from the pharmacist or doctor with clearly legible label. The Youth Director or designee must hold all prescription medications.)

Any allergies? _____ to medications? _____

___ Hay Fever ___ Heart Condition ___ Diabetes ___ Insect stings

___ Epilepsy/Nervous disorders ___ Asthma ___ Frequent stomach upsets

___ Physical Handicap ___ Any major illnesses during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions)

Date of last tetanus shot _____ Contact lenses? _____

Any swimming restrictions? _____ Yes _____ No

Any activity restrictions? _____ Yes _____ No

What? _____

Parent Medical and Liability Release Statement:

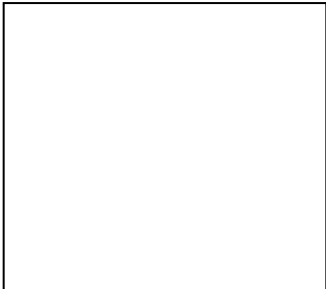
To whom it may concern: _____ has my/our permission to go on retreats, trips, and other events in conjunction with the Youth Ministry of the Memphis Annual Conference. Please seek any medical assistance needed while he/she is with this organization. I/We, _____ & _____, parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with youth from the Memphis Annual Conference, agents for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I/We have read and understand the above document. By signing this document we hereby release the Memphis Annual Conference of the United Methodist Church and any agent/representative acting on its behalf from any and all liability for personal injury or damage to property.

Parent/Guardian Signature: _____

Date: _____

Signature of student (if over 18 years of age): _____



Notary Seal

Notary Signature _____
My commission expires _____

PLEASE ATTACH A COPY OF INSURANCE CARD TO THIS FORM