



United Methodist Youth Retreat presented by the Minnesota Annual Conference

**Grades 5-8**

Don't miss this AWESOME experience where we will gather with hundreds of junior high youth from all over Minnesota for praise and worship, fun and games, workshops, free time, and food!

The cost for this event is normally \$140.00 per student, but we're offering a discounted rate for NHUMC youth and friends...ONLY

**\$80.00/youth!**

**JUMYs 2011**

Holiday Inn, Saint Cloud

**November 4-6 2011**

(leaving from NHUMC Friday at 4:30pm; returning to NHUMC Sunday around 1pm)

**REGISTER for JUMYs 2011 by returning the form below and the health form on the back, along with your payment of \$80.00 (payable to NHUMC) to Rachael at church.**

**Registration is DUE by September 28.**

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NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

EMAIL \_\_\_\_\_

Do you have FRIENDS with whom you prefer to share a room?:

\_\_\_\_\_

Please have your parent sign below:

My child, \_\_\_\_\_, has my permission to travel to Saint Cloud with NHUMC staff and volunteers in November 2010 for JUMYs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PARENTS: Are you able to assist with driving youth?**

\_\_\_\_\_ TO Saint Cloud on 11/4 \_\_\_\_\_ FROM Saint Cloud on 11/6

## JUMYs 2011 Health Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
(please include zip code)

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**For the above-listed participant, please list the following information:**

Allergies:

Special dietary needs:

Current medical conditions or history:

Medications to be taken at event:

Does your child have your permission to administer his/her own medications?    YES    NO

During the course of the event, participants may experience minor conditions such as stomachaches, scrapes, headaches, cramps, twisted joints, or sore eyes from the pool– that require treatment. To avoid making unnecessary calls in the middle of the night, the event nurses ask that you approve in advance their administration of the following over-the-counter medications to the participant, as deemed necessary. Please circle all that are acceptable to administer to your child.

Tylenol/non-aspirin	Advil	eye drops	cough medicine	decongestant
Benadryl	antibiotic ointment	chewable antacids	ice	

I give my child permission to attend UMYs, an event of the Minnesota Annual Conference of the United Methodist Church (hereafter referred to as MAC). I assume the risk of my child's participation in this event and wholly release MAC from any responsibility or liability, waive any claim or causes of action against it, and agree to hold harmless MAC in the event any such claim should arise due to injury, illness, loss, death or accident. I understand that in case of emergency, every attempt will be made to contact me as parent or guardian. In case I cannot be reached and care is needed immediately, I give permission for my child's leaders or any leaders of the event, at the suggestion of the nurse, to take my child to the hospital for the care that is needed. I further direct that the hospital and its physicians have my permission to provide care for my child.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_