

# MUUUCE STUDENT REGISTRATION FORM

ALL FIELDS ARE REQUIRED. PLEASE PRINT LEGIBLY.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade as of Fall, 2022: ☐ 6 ☐ 7 ☐ 8 ☐ 9

T-Shirt Size (adult sizes): ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL ☐ 4XL

Student's Cell Phone: \_\_\_\_\_

Student's Mailing Address:

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Church Registering with: First Covenant Church, Red Wing

Medical Insurance:

- Name \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_

Dental Insurance:

- Name \_\_\_\_\_ Phone # \_\_\_\_/\_\_\_\_/\_\_\_\_
- Name of Insured \_\_\_\_\_ Policy # \_\_\_\_\_

## MEDICAL CONCERNS:

Dietary Concerns & Food Allergies ☐ No ☐ Yes (please describe)

- If you answered "yes" for your student, please email [MUUUCEinfo@crossroads.co](mailto:MUUUCEinfo@crossroads.co) by July 19 to discuss the available dietary options. Unfortunately, we cannot make dietary accommodations once the event has started.

Other Allergies: ☐ None ☐ Bees ☐ Seasonal ☐ Penicillin/amoxicillin ☐ Aspirin/ibuprofen/naproxen  
☐ Acetaminophen ☐ Other (please list only non-food related allergies):

Does this person have chronic health issues? ☐ No ☐ Yes:

Does this person have program limitations (i.e. contact sports)? ☐ No ☐ Yes:

*Form continued on next page.*

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Does this person have mental health issues? ☐ No ☐ Yes:

Is this person currently under the care of a physician for medical reasons? ☐ No ☐ Yes:

Is this person currently taking medication prescribed by a physician? ☐ No ☐ Yes:

Please list any over-the-counter medications you do not wish dispensed to this person for treatment of minor ailments or injuries:

Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any other information about this person that an attending physician needs to be aware of:

### **Parent/Guardian #1 (Parent/Guardian #1 will be contacted in case of emergency.)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Parent/Guardian #2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

### **Contact the following when Parent/Guardian cannot be reached:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

# MUUUCE STUDENT REGISTRATION FORM

## PARENT & GUARDIAN CONSENT & MEDICAL RELEASE

(Attendee's name) \_\_\_\_\_ will be attending MUUUCE, at Crossroads Church in Woodbury, MN. As parent(s) or legal guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said attendee we (I) hereby release, forever discharge, & agree to hold harmless, the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, and \_\_\_\_\_  
First Covenant Church of Red Wing, MN (student's sponsoring church, hereafter referred to as "Sponsor Church"), excursion sites, & the owners, directors, officers, agents, & employees & volunteers thereof, from any & all liability, claims or demands for personal injury, sickness or death, as well as property damage & expenses, of any nature whatsoever which may be incurred by the undersigned & the participant that occur while said attendee is participating in MUUUCE.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage & expense as a result of participation in recreation & excursion activities involved therein. Further, authorization & permission is hereby given to MUUUCE staff to furnish any necessary medical care, transportation, food, & lodging during MUUUCE.

We (I) are the parent(s) or legal guardian(s) of this attendee & hereby grant permission for him/her to participate fully in MUUUCE, & hereby give MUUUCE staff permission to take him/her to a doctor or hospital & authorize medical treatment. We (I) will assume all responsibility for all medical bills. We (I) understand that if medical treatment is required, we (I) will be contacted as soon as possible. Should it be necessary for attendee to be sent home for medical reasons, disciplinary reasons, or otherwise, we (I) hereby assume all related costs.

We (I) hereby grant permission for the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church to publish images of activities & of this attendee for the purpose of promoting MUUUCE & the Northwest Conference of the Evangelical Covenant Church through communications channels of the Northwest Conference of the Evangelical Covenant Church, the Evangelical Covenant Church, Crossroads Church, & Sponsor Church. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions & recreation opportunities at MUUUCE. We (I), the parent(s) or legal guardian(s), fully understand & acknowledge that (a) recreational activities have: inherent risks, dangers & hazards that exist; (b) participation in such activities &/or

use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial &/or total paralysis, or other ailments that could cause serious disability; (c) these risks & dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, & the forces of nature or other causes; & (d) by participation in these activities &/or use of equipment, we (I) hereby assume all risks & dangers & all responsibility for any losses &/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, & employees & volunteers, of MUUUCE, or by any other person including the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church.

We (I), the individual(s) & our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, Sponsor Church, & their respective owners, directors, officers, agents, & employees & volunteers from any & all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendee's participation at MUUUCE.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging & waiving any claims or actions that we (I) may have individually or on behalf of our child or ward presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, & employees & volunteers of the Northwest Conference of the Evangelical Covenant Church, Crossroads Church, & Sponsor Church.

## MUST BE SIGNED BY ALL PARENTS/GUARDIANS

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## PAYMENT POLICIES

**\*\*We/I understand the MUUUCE payment policies, including that the registration is non-refundable.**

Parent/Guardian Initials: \_\_\_\_\_

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# **MUUUCE STANDARDS OF PERSONAL CONDUCT**

## **Student Signature Required**

I, \_\_\_\_\_ commit to fully engage in the programming during MUUUCE.  
student's name

This will require that I adhere to the following Standards of Personal Conduct:

I will:

1. Abide by all rules and expectations of MUUUCE and my church.
2. Actively demonstrate the values of safety, responsibility, and respect.
3. Fully engage with positive participation in all activities and discussions.
4. Observe Quiet Hours (no music, yelling, cheerleading, etc.).

I will not:

- Engage in any behavior that may be disrespectful or harmful to the health and safety of the participant or others.
- Possess, use, or consume: illegal drugs, alcoholic beverages, or tobacco, including vaping.
- Use or possess fireworks, firearms, or other dangerous weapons (e.g., knives, slingshots, laser pointers, etc.).

I understand that:

- Individuals are liable (& will be billed) for any damage they intentionally or accidentally commit to Crossroads Church, MUUUCE property, or any other business/venue visited during MUUUCE.
- All students are under the supervision of their respective church leaders.
- Leaders have the right to confiscate any items used abusively by students for the duration of MUUUCE.

Any infraction or disregard for the Standards of Personal Conduct may result in my immediate dismissal from MUUUCE. I acknowledge that I may be sent home from MUUUCE at my own expense.

I understand and agree to abide by these Standards of Conduct:

Student's Name (printed): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_