

YAC Meeting Forms

You must register online for this event, READ and COMPLETE all forms in their entirety and bring your meeting fee with you (2 night meetings are \$25, one night meetings are \$10). **Failure to do so could result in being turned away at the door.** If you have questions, contact the YAC Conference Dean or Co-Chair.

Name: _____

Youth Agreement

I wish to attend this OMD YRUU YAC sponsored event, and I agree to abide by the rules listed below:

- I will not engage in any form of verbal or physical Violence
- I will not Possess, Obtain, Deal, or come in contact with any Drugs or Alcoholic substances
- I will not leave the church grounds for any reason, without checking with a co-chair and my sponsor first.
- I will not vandalize any property
- I will not ignore someone say "NO" NO MEANS NO!
- I will not smoke, regardless of my age
- **I will not engage in any sexual activity with anyone**
- I will not make a mess of the church. I will clean up my own darn stuff!

DRE or Church Official: Please review the above rules with the youth in question, and make sure they fully understand them, and agree to follow every rule presented without question.

DRE or Church Official Signature

Date

Youth: I have read the above, and reviewed all rules with my DRE or church official. I understand them fully, and understand what could happen if I break a rule.

Youth Signature

Date

PARENTS' LIABILITY RELEASE AND EMERGENCY CARE AUTHORIZATION

I hereby grant permission for my child _____, to participate in this Ohio-Meadville District Conference. I understand that neither the Ohio-Meadville District, nor the church we are attending, nor their staffs or volunteers, assume any legal liability for the welfare of my son/daughter, and I hereby release them of such liability.

In the event that an emergency should arise while my daughter/son is participating in this event, I hereby grant my permission to any responsible adult to do whatever is deemed necessary to insure the safety and well-being of my son/daughter. I hereby authorize whatever medical care said person(s) may deem necessary, which authorization I hereby grant in advance. I agree to assume all responsibility for any such medical expenses. If my child breaks one of the conference rules, I agree to be responsible for his/her transportation home. If my child participates in any illegal activity, I realize the proper authorities will be contacted. This consent may be photocopied, with photocopies authorized to be as binding as the original.

Video and photos may be taken during this event and used in district publications including the website. Please mark one of the options below.

____ I understand that videos and photos may be taken during this event and that my child's likeness may appear in district publications, including the website and facebook. My child will not be identified by name.

____ I DO NOT give blanket permission for my child's likeness to appear in district publications. Please contact me if you wish to use my child's picture in any district publications or on the website.

Date signed

Signature of parent or legal guardian

If you have not yet registered, you must do so at www.ohiomeadville.org.