HAWAIʻi CONFERENCE
UNITED CHURCH OF CHRIST

ʻAHA PAEʻĀINA YOUTH TRACK

Kawaiahaʻo Church & Central Union Church, Honolulu, HI
Friday, June 5 — Saturday, June 6, 2020

Registration forms are to be completed by youth (grades 6-12) and adult chaperones (must be at least 23 years of age) who wish to participate in the youth program at the 2020 ʻAha Paeʻāina. Please complete the following five forms and return them by May 4. Space is limited!

Print clearly or type.

Last Name	First/Middle Name	Prefers to be called (nickname)	
Gender Identity	Date of Birth MM/DD/YY	Age in June 2020	Grade in June 2020
Mailing Address (Street Address, City, State, Zip code)			
Phone Number	Email Address		
Church Name	Church Street Address		
Pastor or Youth Advisor's Signature (REQUIRED)	Church City/Town , HI	Zip Code	
Pastor or Youth Advisor's Name & Email/Phone Number			

Parent/Guardian Permission for Youth

I am aware that _____ (youth's name) wishes to attend the 2020 Youth Track at the ʻAha Paeʻāina in Honolulu and has my full permission to do so.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

REGISTRATION INFORMATION

Cost to participate in the Youth Track is **$25** which includes air/ground transportation, food, lodging accommodations. **Please submit a check for the full amount with the completed registration forms** (to "Hawaii Conference UCC," memo: "2020 ʻAha Youth Track") OR indicate if your church will be paying your fee separately by checking this box: ☐ **Registration is not complete until the $25 fee is received.*

AIRFARE: If you need airfare to attend the event from a neighbor island, please check this box: ☐
The Conference will make travel arrangements for participants to arrive in Honolulu by June 5 morning and depart from HNL June 6 afternoon. Contact lyamashiro@hcucc.org to inquire about different arrangements.
If applicable/different from above:

Name on ID: _____ Hawaiian Miles Number: _ _ _ _ _ _ _ _ _ _

RETURN COMPLETED REGISTRATION FORMS BY MAY 4, 2020 TO:
ATTN: Youth | Hawaii Conference UCC | 1848 Nuuanu Ave. | Honolulu, HI 96817

2020 ‘Aha Pae‘āina Youth Track Covenant
Hawai‘i Conference United Church of Christ

The following covenant is to be adhered to by all Hawai’i Conference ‘Aha Pae‘āina Youth Track participants (youth and adult advisors). If any conflicts arise, they will be openly discussed with leaders and/or peer participants. Any violations will be dealt with by the HCUCC/Youth Track staff and may result in the participants’ being asked to return home at their expense.

WE, THE PARTICIPANTS IN THE HAWAI’I CONFERENCE 2020 ‘AHA PAE‘ĀINA YOUTH TRACK, AGREE TO HONOR THE FOLLOWING STATEMENTS:

I will treat all people with dignity and respect.

I will not use profanity.

I will respect the property of all people and will not take things that are not mine. I will take precautions to keep my possessions safe.

I will use the facilities made available to us with care. If I hurt or accidentally damage property, I will take responsibility for the damage done and inform an advisor right away.

I will not smoke or bring/use matches, lighters, alcohol, or illicit drugs. This is A SMOKE-FREE, DRUG-FREE EVENT.

I will not engage in public displays of affection or engage in sexual activity.

I will be mindful of others’ rights to privacy.

I will honor the curfew.

I will not leave the group unless I have permission to and will honor any advisor’s decisions concerning where I may be allowed to go and with whom I may go.

I will full participate in program activities as able, sharing and living my faith with an open mind and heart.

While I am present at this event, I am a representative of my local church and the Hawai’i Conference UCC. I will keep this in mind and behave accordingly.

Participant signature:_____ Date: _____

For Parents/Guardians of Youth Participants
I understand that my son/daughter will be attending the Hawai‘i Conference ‘Aha Pae‘āina Youth Track at Kawaiaha‘o Church in Honolulu. I also understand that if they do not abide by this covenant, they may be sent home at my expense.

Parent/Guardian Signature:_____ Date:_____

Hawai`i Conference United Church of Christ
ʻAha Paeʻāina Youth Track
June 5-6, 2020

Combined Health Information and Permissions Form

Personal Information

Each youth (under age 18) and adult participant must complete this form to participate in this Hawai`i Conference event. It is to be completed by a parent/guardian if the participant is a minor or not legally responsible for him/herself.

Participant's Name_____ Height_____ Weight _____

Address (include City/State/Zip)

_____

In case of emergency, notify _____ Relationship _____

Phone Number(s) Home:_____ Work:_____ Cell:_____

Parent/Guardian Name:_____

Address (include City/State/Zip)

_____

Phone Number(s) Home:_____ Work:_____ Cell:_____

Health Information

Medical Insurance and Physician Information

Insurance company _____ Policy # _____ Group # _____

Address _____ Phone (___)_____

Full Name of Policy Holder

_____

Doctor's Name _____ Phone (___)_____

Immunizations (give month/year)

Tetanus ___/___ Polio ___/___ DPT ___/___ MMR ___/___ Meningitis ___/___ Hepititis B ___/___

Allergies (Check all that apply and describe food allergies)

Hay fever____ Penicillin____ Sulfa_____ Other drugs (include name)_____
Bee sting____ Poison ivy/oak_____ Foods_____ Other _____

Health Concerns (check all that apply)

Asthma ____ Skin condition ____ Sleep walking ____ Depression____ Ear, Nose, Throat ____
Anxiety____ Joints____ Diabetes____ Cramps ____ Hyperventilation ____ Convulsions____
Heart disease____ Fainting____ Acne _____ ADHD/ADD ____

Special needs: large print _____ signing _____ hearing device _____

Vegetarian □ Yes □ No Other special dietary needs/ instructions: _____

Explain any "Yes" response or other health or emotional concerns:

_____

_____

Recent illness or surgery _____ Recent exposure to communicable disease _____

Is the participant in general good health and able to participate in all normal activities □ Yes □ No

Explain any restrictions: _____

Current Medications (list only those needed during Youth Event):
IMPORTANT: Medications brought from home MUST be in their original containers. Send only the amount needed plus two extra doses. Do not send a huge supply.

Medication _____ Dosage _____ Times to be taken _____

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Is your youth temporarily off any medications that they take during the school year? □ Yes □ No
Can your youth be expected to take the right amount of medication at the proper time? □ Yes □ No

I give my permission for my youth to administer their own medication:
Parent/guardian signature _____ Date _____
OR
I give my permission for youth advisors/health professionals to administer my child's medication:
Parent/guardian signature _____ Date _____

Over-the-Counter Medications

To treat symptoms your youth may have while at the event, please fill out the following table of over-the-counter medications which will be administered to your youth with your permission if needed.

Symptom	Medication	Yes	Symptom	Medication	Yes
Cough	Robitussin		Upset stomach	Mylanta Tums	
Allergy/Stuffy Nose	Claritin Claritin-D		Menstrual cramps	Ibuprofen Tylenol	
Mild allergic reactions	Benadryl antihistamine		Bug bites Poison ivy	Calamine caladryl	
Fever, headache, pain	Tylenol		Sunburn	Solarcaine Aloe	
Diarrhea	Kaopectate		Cuts, scrapes	Bacitracin, Neosporin	
Constipation	Prune juice, Grape Juice, applesauce				

List any comments or additional over-the-counter medications you do NOT want administered:

_____

Parent/guardian or attending physician must sign below before Over-the-Counter medications marked "yes" above, will be administered to minors (under age 18):

Youth's Name (print) _____ Parent/Guardian's Name _____

Parent/Guardian Signature: _____ Date _____

Consent and Emergency Treatment Authorization

I request that the Hawai`i Conference UCC personnel and youth event leaders, area hospitals, medical staff personnel, agents and employees to have access to information contained in this form and to provide all medical care, routine tests, and necessary transportation advisable for my health or the health of my child. I acknowledge that no representations, warranties, or guarantees as to the result or cures will be made. I hereby give my permission to medical staff to secure and administer treatment including hospitalization for myself/my child, _____(name of youth/adult participant).

Signature of adult participant _____ Date _____
OR
Signature of parent/guardian _____ Date _____

Transportation Permission

Permission is required if someone other than a family member is transporting a youth to an event. A duplicate copy of the Combined Health and Permissions Form will be kept in the vehicle with the traveler during transit.

I give my permission for the transportation of the above named person(s) to and from the site of the Hawai`i Conference UCC 2020 ʻAha Paeʻāina Youth Track and/or for the transportation for off-site tours and trips. I give my permission for appointed adults responsible to give any needed medical assistance to the above named person(s) should there be an emergency or accident in transit. The information provided will assure the best appropriate care.

Youth's Name (print) _____ Parent/Guardian's Name _____

Parent/Guardian Signature: _____ Date _____

Photograph/Release Permission

I give the Hawaiʻi Conference my permission to use photographs, images, or likenesses of me ("my image"), alone or with other persons, without restrictions as to editing, for publication in any form in all print and electronic media of the Conference and/or the United Church of Christ, including but not limited to *The Friend* and hcucc.org. I waive rights of inspection or approval prior to the use and publication of my image.

I understand that the Conference cannot control the unauthorized use of my image by parties other than the Conference once my image is published. I understand that the Conference disclaims any responsibility for unauthorized use of my image after publication.

I release and hold harmless the Conference, its directors, officers, members, employees and agents from any claims, damages or other relief associated with the use and publication of my image by the Conference.

This consent to use my image is voluntarily given and I waive all rights of compensation for the use and publication of my image by the Conference.

If under the age of 18, authorization from parent or guardian is required:

Participant Name: _____ **Print Name:_____**

Signature: _____ **Signature: _____**

Relationship: _____