

State Youth Convention November 19-21, 2021 Embassy Suites Plainfield

4:00p-4:30p Registration on Friday @ MPC
12:30p Return on Sunday to MPC



COST:

Early Bird: **\$210** (Registered by **Sept. 22nd**) *\$85 Non-Refundable deposit*

Regular: **\$230** (Registered by **Nov. 8th**) *\$105 Non-Refundable deposit*

Late: **\$240** (Registered **after Nov. 8th**) *\$115 Non-Refundable deposit*

+ Money for 1-2 Meals – Breakfast & dinners provided

****Registrations will NOT be accepted after November 11th****

Family Discount for 2nd & 3rd Student in same family: \$50 off registration

All deposits are NON-REFUNDABLE and due with registration.

Questions? Contact Youth Ministries @ 642-2000 or email rbroome@madisonparkchurch.org

Schedule

Friday, November 19

4:00p Check in at MPC
4:30p Depart from MPC
5:30p Arrive at Embassy Suites
6:45p Dinner – MP Students only
8:00p Youth Leader Gathering
8:30p Doors open for Main Session
9:00p 365 Main Session: The BUILD UP
10:30p Small Group Time

Sunday, November 21

8:00a Breakfast
9:30a Doors open
10:00a 365 Session 4: BUILDING DIFFERENT
11:30a Head home
12:30p Arrive back at MPC

Saturday, November 20

8:00a Breakfast
9:30a Doors open
10:00a 365 Session 2: The BUILDING OUT
11:30a Lunch/Free Time/Video Scavenger Hunt
2:00p Elite Gaming LIVE (eSports Tournament)
5:30p Dinner – MP Students only
7:00p Doors open
7:30p 365 Session 3: The BUILDING IN
9:00p Small Group Time

MP Youth

**CONSENT TO PARTICIPATE &
CONSENT TO TREAT FORM (MINOR)**



Date(s) of activity: **November 19-21, 2021**

Planned Activity: **State Youth Convention**

Location of Activity: **The Embassy Suites, Plainfield Indiana, 6089 Clarks Creek Rd**

Group/Activity Leader: **Rondale Broome**

Details of Activity:

365 Youth Convention is an annual gathering of students and leaders from across the state of Indiana who come together for a weekend of worship, community, fun, and so much more that is all focused on following Jesus every day of our lives, 365

Method of Transportation: **Bus**

Cost: **\$210/\$230/\$240**

Deposit/Payment deadline: **9-22/11-8**

Detach this portion and return to Leader

Name of Student: _____

Name of Parent(s) or Guardian(s) (printed): _____

Student's Date of Birth: ____/____/____

Address: _____

My Student, _____ has my permission to participate in (activity)

List any activities the student is NOT permitted to engage in: _____

CONSENT TO TREAT:

While my student is attending this function, I hereby authorize the adult(s) in charge, or in his/her absence or disability, any adult accompanying or assisting him/her, to consent to the following medical treatment for said minor:

- (i) provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution;
- (ii) employ any physicians, dentists, nurses or other person whose services may be needed for such health care;
- (iii) review and, if necessary, disclose the contents of any confidential medical records;
- and (iv) execute consent forms required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the student.

(Signature of parent or legal guardian)

____/____/____
(Date)

HEALTH HISTORY INFORMATION & EMERGENCY CONTACT FORM



(The following information is confidential and will be used only in case of emergency)

Name of Student: _____

Date of Birth: ____/____/____ Student's Social Security Number: ____/____/____

Does your Student have or ever had or prone to (check those that apply):

___asthma ___heart trouble ___headaches/migraines ___sinus trouble

___convulsions ___fainting spells ___diabetes ___allergies (list below)

___past surgeries (list): _____

Is your student currently under any type of medical treatment? ___yes ___no

Is there any history of behavioral disorders or emotional disturbances? ___yes ___no

Has your student been under the treatment of a psychiatrist in the past three years? ___yes ___no

Date of last tetanus shot: ____/____/____

Please list any prescriptions or over-the-counter medications currently being taken:

Name of Medication	Dosage	Times to be taken

What medications may we administer? _____

Please list any drug interaction concerns, food or other allergy concerns: _____

Does your student have any physical disabilities or disorders that may affect their participation in activities?

Are there any special instructions or comments relating to the questions above or to your child's health and their participation in any activities?

Emergency Contact Numbers

(Contact order)

___Father's Name: _____ Cell: _____ Work: _____

___Mother's Name: _____ Cell: _____ Work: _____

___Other: _____ Relationship: _____ Phone: _____