

WHAT: 2024 ND Youth Convention



WHEN: Thursday, October 17 - Saturday, October 19

Depart HOC Thursday @ 10:30 AM

Return to HOC Saturday @ 5:00 PM

If a school absence excuse form is needed, please contact the church office.

WHO: Students in Grades 6-12

WHERE: Northview Assembly of God, Fargo, ND

Hotel: AmericInn | 4325 23rd Ave S, Fargo, ND

COST: Includes General Admission, Lodging, and Travel

Early Bird Registration: \$125.00* Plus money for 4 meals & spending money.

Please make all checks payable to Harvest Outreach Church.

Complete the HOC Medical Release Form and return it along with payment.

REGISTRATION DEADLINE: Wednesday, October 9, 2024*

HOW TO REGISTER

- Complete the attached Medical Release form and return to the church along with your payment.



*Cost is \$135 after October 9.

HOC will not accept forms after October 13.

Questions? Contact the church office at 701.642.9445.

Top sheet is for informative purposes and is yours to keep.



2024 Harvest Outreach Church

Medical Release & Permission Form

STATEMENT OF HEALTH

Must be completed with authorization-release statement signed (on back of form).

Student's Name _____

Phone _____ Email _____

Address _____

Grade _____ Gender _____ Age _____ Birth Date _____

Parent/Guardian Name _____

Parent/Guardian Address _____

Home Phone _____ Business Phone _____

Cell Phone(s) _____

Second Parent or Emergency Contact _____

Phone(s) _____

Insurance Company _____ Policy # _____

Insurance Company Address _____

Insurance Company Phone _____

Name of Policy Holder _____ Birth Date of Policy Holder _____

HEALTH HISTORY – Please check all that apply:

Lung Trouble/Asthma

Cardiac or Kidney Problems

Diabetic

Seizures: _____

Allergies: _____

Restricted Activities: _____

Current Medications (send instructions): _____

Date of Tetanus Booster: _____ Penicillin or Drug Reaction: _____

Carrier of Infectious or Contagious Disease? (If Yes Explain) _____

Are the applicant's immunization records up to date? YES NO (Do not send records)

Other health information we should know _____

**Information will be kept confidential and be used only in an emergency.*

PLEASE COMPLETE BOTH SIDES

PARENTAL AUTHORIZATION AND CONSENT-LIABILITY RELEASE STATEMENT

Medical Information: Please check one option

___ Medical information is on file and is current.

___ Medical information needs to be updated. *

*Updated Statement of Health form must be attached for child to attend event.

IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

Activity Information: I understand that by signing this form I am giving permission for the listed student to participate in all activities. Every activity is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities. They also agree to not hold Harvest Outreach Assemblies of God, its' employees or volunteer assistants, liable for damage, losses and injuries to the person or property undersigned.

Event Information:

Name of Event	<u>Youth Convention</u>
Location	<u>Northview Church, Fargo AmericInn, Fargo</u>
Dates and Times	<u>October 17-19, 2024</u>
Transportation	<input checked="" type="checkbox"/> Van <input type="checkbox"/> Private Vehicle <input type="checkbox"/> None
Cost	<u>\$125.00* plus money for 4 meals & spending money</u>
Other:	<u>*\$135 after 10/9</u>

Pictures and Videos: We authorize Harvest Outreach Church to use our child or youth's likeness in photographs or video in any and all of its publications and other media. We will make no monetary or other claim against the church for the use of such photos or videos.

Disciplinary Action: I understand that if my child or youth does not conduct his/herself in a Christ-like manner while attending events of Harvest Outreach Church, my child will receive disciplinary action. If that action includes being dismissed from the event, I will be responsible for transporting my child or youth home.

Parent or Guardian's Signature _____ **Date** _____

I, (student's name) _____ agree to conduct myself in a Christ-like manner while attending the events of Harvest Outreach Church. I will attend all required meetings and cheerfully submit to those in authority over me. I will also obey any rule which may be implemented for a specific event. I realize that failure to adhere to these guidelines will mean disciplinary action and possible dismissal from the event and return home at my parent's expense.

Student Signature _____ **Date** _____

Harvest Outreach Church of the Assemblies of God
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PLEASE COMPLETE BOTH SIDES