

**STUDENT REGISTRATION FORMS****ONE BIG DAY**

It will be an unforgettable day filled with fun and faith, explicitly designed with middle schoolers in mind. With students and leaders coming from all over our conference, our goal is to create moments that lead to a relationship with Jesus Christ and relationships with others in the church by God's grace.

Welcome Carnival, tournaments, practical & relevant teaching, fantastic worship, tons of food & more!

**AUGUST 7, 2021**

at Minnehaha Academy, Minneapolis, MN

FEE OF \$ \_\_\_\_\_ IS DUE BY \_\_\_\_\_

Make checks payable to: \_\_\_\_\_

1. Turn in your Permission and Medical Release forms to the One Big Day leader at your church by \_\_\_\_\_
2. Turn in your COVID-19 Health Screening to your youth leader by August 6.

**You're about to have an amazing day!**

Dress for spending a ton of time outside!

**WHAT TO BRING:**

- Comfortable shoes
- Sunscreen & sunglasses
- Refillable water bottle
- A mask (for when we're inside)

**WHAT NOT TO BRING:**

- Anything you would be sad to lose.
- Weapons/fireworks/drugs/alcohol/tobacco/vape

**Event Date: August 7, 2021**

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One Big Day activities may include but are not limited to: inflatables, sports tournaments, large and small group games, experiential learning, worship, teaching, and preaching. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth leader before the event.*

**Please print in ink. Completely fill out this form for the student to participate and turn into your church leader.**

Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade this fall:  6  7  8  9 Gender: \_\_\_\_\_

Sponsor church (the church your child is coming to the event with):

\_\_\_\_\_

Youth pastor/leader \_\_\_\_\_

Names of parents/guardians \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian cell phone(s) \_\_\_\_\_

Parent/Guardian email(s) \_\_\_\_\_

Name of emergency contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List allergies or medical conditions:

Dietary Concerns & Food Allergies:  No  Yes -

➤ If you answered "yes" for your student, email Cheryl at Cheryl@northwestconference.org by July 26 to discuss the available dietary options.

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

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

Is the youth pastor/leader authorized to approve medical treatment? Yes \_\_\_ No \_\_\_

Is the participant covered by personal/family medical insurance? Yes \_\_\_ No \_\_\_

If yes, name of insurer: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

## Participation Agreement

I acknowledge that participation in the activity described above involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor) and may result in various types of injury including, but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity described above (the "activity"), the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Parents or guardians need to sign.

1. Print Name: \_\_\_\_\_

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

2. Print Name: \_\_\_\_\_

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

3. Print Name: \_\_\_\_\_

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

### ONE BIG DAY COVID-19 HEALTH SCREENING

All participants and adult leaders must fill these two pages out within 48 hours before attending One Big Day. Do not submit it with the initial registration form. Please give it to your youth ministry leader before attending the event.

PARTICIPANT NAME \_\_\_\_\_

PARTICIPANT       VOLUNTEER       OTHER:

We are committed to providing a safe and healthy ministry for all volunteers, participants, and leaders. Please fully complete this form 48 hours before your child's arrival at One Big Day (August 7, 2021).

Carefully consider how you have been feeling. If completing this form for a child, indicate **Yes** or **No** on behalf of the child. **In the past 14 days**, have you had any of these symptoms?

	Yes	No		Yes	No
Cough or shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	New loss of taste or smell	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Fever of 100.4° or higher	<input type="checkbox"/>	<input type="checkbox"/>	Vomiting or nausea	<input type="checkbox"/>	<input type="checkbox"/>
Chills	<input type="checkbox"/>	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Muscle or body aches	<input type="checkbox"/>	<input type="checkbox"/>			

Carefully read each question. In the past 14 days:

Yes      No

Have you tested positive for an infectious disease or a virus?  Yes       No

Are you waiting on a test result for an infectious disease or a virus?  Yes       No

Have you been in close proximity for 15 minutes or more to anyone who tested positive for, or has symptoms consistent with, an infectious disease or virus?  Yes       No

**Answering Yes to any question may mean you (or your minor child) will not be permitted to enter onto the property of *Minnehaha Academy* and/or to engage in the activity named above. You (or your minor child) may be advised to return when feeling well or required to obtain a medical evaluation and/or approval from a medical provider before being granted access to the premises or being permitted to participate in the *Northwest Conference of the Evangelical Covenant Church's One Big Day* event.**

I certify that I have answered all questions honestly.

PARTICIPANT NAME \_\_\_\_\_

NAME OF PARENT/GUARDIAN (if participant is a minor) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARTICIPANT'S TEMPERATURE TODAY \_\_\_\_\_ TIME \_\_\_\_\_ DATE \_\_\_\_\_

**REQUIRED CORONAVIRUS SUPPLEMENTAL RELEASE**

Covid-19 Screening Form: Page 2 of 2

Coronaviruses, like COVID-19, SARS, and the common cold, are a large family of viruses that can cause mild to severe upper or lower respiratory infections. Coronaviruses are contagious and believed to be spread by person-to-person contact.<sup>1</sup> As a preventative measure, *The Northwest Conference of the Evangelical Covenant Church [hereafter noted as "NWC"]* follows and recommends safety practices from federal, state, and/or local authorities designed to reduce the spread of coronaviruses.

*The NWC and my child's sponsoring church [hereafter noted as "Sponsor Church"]* cannot guarantee that I (or my minor child) will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while on the premises, while traveling to One Big Day activity, or while engaged in a One Big Day-related activity.

By signing this agreement, I acknowledge the contagious nature of coronaviruses and other communicable/infectious diseases and sicknesses. I voluntarily assume the risk that I (or my minor child) may be exposed to, infected by, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while at One Big Day, while being transported in connection with the One Big Day event, or while participating in a One Big Day-related activity. I further acknowledge that such exposure or infection may result in bodily injury, personal injury, emotional injury, illness, permanent disability and/or death, as well as medical expenses and other costs for myself (or my minor child).

I understand that the risk of becoming exposed to, infected by, or injured from a coronavirus or other communicable/infectious diseases or sicknesses at *One Big Day* may result from the acts, errors, omissions, or negligence of myself and others, including, but not limited to, *the NWC and Sponsor Church* leaders, employees, volunteers, and other participants. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness, or death to myself (or my minor child).

On behalf of myself (or my minor child), I hereby release and promise to indemnify, defend, and hold harmless *the NWC and Sponsor Church*, its employees, leaders, owners, agents, and representatives, of and from any claim of any kind. A claim includes all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the exposure to, contraction of, or injury from a coronavirus or other communicable/infectious disease or sickness.

PARTICIPANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. NAME OF PARENT/GUARDIAN (if participant is a minor) \_\_\_\_\_

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

2. NAME OF PARENT/GUARDIAN (if participant is a minor) \_\_\_\_\_

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

<sup>1</sup> "Coronaviruses." *National Foundation for Infectious Diseases*, updated August 2020. <https://www.nfid.org/infectious-diseases/coronaviruses>.