

GenOn Ministries
Youth Summit East 2019 Information and Registration Packet
www.genonministries.org/877.937.2572

Dear Friends in Christ,

We are delighted that you are interested in bringing a group to GenOn Youth Summit (GYS) East in 2019. Be assured that the leadership is doing everything within our talent and imagination to make this Summit another exceptional experience.

The Summit is a coordinated event designed to allow the participants time to examine their faith, grow in their commitment to Christ, and feel closer to God by experiencing all four parts of LOGOS every day: Bible Study, Recreation, Shared Meals, and Worship Arts. There is also dedicated time for mission in the community.

This packet contains everything your church needs to complete the registration process and prepare for a wonderful Summit. Just follow the easy Registration Process, and don't hesitate to contact us with questions.

Grace and Peace, GenOn
Ministries Staff
1-877-937-2572

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2019 GenOn Youth Summit Info

Purpose

The purpose of this weeklong national gathering is to bring together youth and adults for a unique experience, which, on a daily basis, faithfully integrates the four essential parts of LOGOS. Ultimately, the mission of the Summit is to nurture young people into discipleship through Christian relationships.

Facilities

GYS East is held at Wheeling Jesuit University in Wheeling, West Virginia. Lodging is by gender in the university's dormitories. Roommates are from different congregations and, when possible, from different states. Youth of the same grade level will be grouped together, when possible. Each youth room is assigned two adults to serve as the Room Leaders, affectionately known as "Room Parents". Adults will be assigned adult only rooms interspersed amongst the youth rooms.

***PLEASE NOTE** -If anyone in your group needs special housing arrangements, please contact Kelly Burnett for pricing information (additional charges may apply).*

Meals are prepared by the university staff and served in the campus dining facility. ***Please communicate medically necessary special dietary needs ASAP and we will work with the University to see if adjustments can be made to our standard menu.***

Schedule

Registration takes place from 3:00 - 5:00 pm on Sunday afternoon. This allows everyone time to get unpacked in their rooms and to get familiar with the facilities. Games and activities are planned to welcome groups and to give everyone an opportunity to say hello to old friends and to meet some new ones!

We start each day with breakfast and then gather for worship as a large group. From there we break into our smaller groups to experience all the parts of LOGOS:

- Bible Time - we explore our faith together through Bible Study in small, age-level groups
- Activity Hour - we have lots of fun in the groups we choose during the registration process to get active and develop relationships with each other
- Worship Arts - we explore components of worship leadership through opportunities such as choir, liturgy writing, music, sign language, etc. in order to prepare for our closing worship on Friday night.
- Family Time/Fellowship - There are LOTS of opportunities for FELLOWSHIP at Summit! We eat all meals together in the University cafeteria. The afternoons give us an opportunity to participate in other supervised activities with either our church groups or other small groups. This might include group-building activities or opportunities to explore the surrounding areas. In addition, special All-Summit events are held each evening.

As a supplement to our regular daily schedule, a mid-week special mission project allows us to serve the local community.

The conference officially ends Saturday morning. **Please do not plan to leave before 6am Saturday.**

Discipline Policy

All behavior at the GYS is guided by our shared theological understanding of treating one another as a child of God. We believe, therefore, that no one has the right to treat anyone else as if they do not matter. The implications for our life together at GYS are that we respect one another, our surroundings, and ourselves. According to these theological guidelines church Group Leaders, Deans, and Directors handle inappropriate behavior. All adults and youth sign a covenant as part of registration.

Children at GYS

The GYS is designed and held for youth who have completed grades 8 and above. However, families are welcome at Summits with the understanding that parents are responsible for the supervision and safety of their younger children during the week.

Adult Leadership

The GYS is built upon the close relationship of adults working with youth. Therefore, groups should bring one adult for every four youth. If the group includes male and female youth, male and female adult leaders are strongly requested to accompany your group; but if this is not possible, please contact GenOn Summit Coordinator, Kelly Burnett, to discuss options. We do not want this to be a limiting factor to your group and might have some options for balancing ratios.

As in a local LOGOS program, all adults at the GYS serve in leadership roles, where the prime qualifications for leadership are:

**Love God
Love youth
Have a gift to share**

While there is a called core staff of leadership extensively planning for Summit each year, it is the responsibility of the local congregation to call qualified adults to lead during Summit. Adults are expected to treat all youth as if they are their own youth, seeking to form relationships and encouraging and guiding them during this week into a deeper life of discipleship. All adults sign the covenant on the registration form agreeing to abide by all the rules and expectations and assist in providing leadership to the GYS. In addition, all adults are required to have a criminal background check completed in order to attend Summit.

There are **three primary roles** for adults:

1. Being an example to the young people by modeling the GenOn Ministries' principles of loving, Christ-like relationships
2. Serving as a Bible Study Leader or Assistant and an Activity Leader or Assistant, as identified
3. Serving as a Room Leader

Bible Study Leaders/Assistants

1. Will be provided a theme-based Bible study curriculum prior to Summit.
2. Will be faithful in preparing to teach the Bible study curriculum during the Summit week to a small group of 8-12 youth of the same grade level.

Activity Leaders/Assistants

1. Will follow the goal of Activity time: "Have great fun at the expense of no one else."

2. Will supervise activities emphasizing Child of God behavior.
3. Will provide a safe physical and emotional environment.
4. Will encourage everyone to participate and build relationships.
5. Will lead activities that may include the following:
 - a. Sporting events - Leaders organize teams in such a way that everyone is valued, and are responsible for care of equipment that is provided
 - b. Table Game/Card Games - Leaders bring various board/card games of interest for youth
 - c. Craft Activities - Leaders plan for various crafts and provide materials (expenses will be reimbursed when receipts are submitted)
 - d. Worship Arts Activities -- Leaders provide opportunities for youth to experience various components of worship leadership through opportunities such as choir, liturgy writing, music (voice & instrument), sign language, etc. in consultation with GYS Director/Worship Leader.

Room Leaders

1. Will supervise a dorm room group of 4-6 youth.
2. Will lead "Talk it Over Time" at end of day to reflect on the day's experiences.
3. Will help young people abide by GYS rules for the dorms: lights out, quiet times, & being good caretakers of facilities.

Young Adult (College-Aged) Leadership

The talents and gifts that our "GenOn Graduates" bring to GYS leadership are highly valued! We also realize that it is sometimes difficult to move from "camper" to "counselor."

The first few years after high school--either in college or working--are exciting, scary, challenging, and full of possibilities. Many youth have life changing experiences at GYS in high school and then drift away from their faith in the years following. We want to continue our relationship with these young adults by intentionally encouraging young adults to attend GYS. The young adults will have their own Bible Study group, adult mentors to help them transition from camper to counselor, and opportunities to fellowship and grow with other young adults. They will also take on some leadership roles under the supervision of adults.

Physical Expectation While @ Summit

In an effort to be sure that all are prepared for Summit East, we want to share some information about the physical exertion you should expect for the week. While the Wheeling Jesuit University campus is not a large one, each participant should expect to walk approximately one mile per day (broken up throughout the day) in summer weather in order to go from event to event. Based on experience, this will not be an issue for most participants; but we want to be sure that everyone is aware of the expectations. We have found that good self-care is important and helps alleviate most problems while away from home, so drinking plenty of water, observing sleep times, and eating healthy at all meals will help participants to fully participate without any problem. If you feel that any member(s) of your group might have difficulty with this expectation, please contact Kelly Burnett (GenOn Summit Coordinator) to discuss options.

Registration Process

1. Download Summit packet

2. Designate a Group Leader and a Church Contact Person

Determine who will be the church group leader and the church contact person (if appropriate). The Group Leader is an adult traveling with the group who has key leadership of the group. The Contact Person is a church staff person who will be kept aware of important information about Summit (i.e. Pastor, Associate Pastor, CE Director, etc.) All communication from GenOn to the church group will be directed to these key people. The GYS staff will confer directly with the group leader regarding any problems or concerns involving a member of their church during our time together at Summit.

3. Hold an Information/Registration Meeting in your Congregation

Invite the youth, young adults, and parents to an information meeting in early winter to discuss the plans for this year's Summit! PUBLICIZE EARLY and reach out to all current 8th graders and older in your congregation!

HINT - This is a good time to discuss fundraising ideas!

All forms needed for registration are included in this packet. Print and distribute the appropriate forms for each person (youth, adult, child) at that meeting and others you might speak with about Summit.

HINT - Set a deadline to collect the completed forms and deposits early enough to allow yourself time to meet the SUBMISSION DEADLINES below!

4. Determine number of Summit Participants

Count adult leaders, youth and, if appropriate, children

5. Calculate costs

To qualify for the Early Bird or Regular Registration rate, ALL registration documents (see #7) and deposits must be **RECEIVED** by the date specified:

	Early Bird	Regular	Late (as available)
	Must be received BY 3/1/19	If received between 3/2/19 - 4/1/19	If received between 4/2/19-6/15/19
Per Adult/Youth	\$450/\$125 deposit	\$475/\$125 deposit	\$500/\$125 deposit
Per Child	\$450/\$125 deposit	\$475/\$125 deposit	\$500/\$125 deposit

SPECIAL OFFER: Churches attending Summit for the first time receive 1 free registration! You will receive a credit for this free registration on your final invoice, so please be sure to register the TOTAL NUMBER attending with your group on the Church Registration Form.

6. Complete Church Registration Form and pay deposit Link to Church Registration Form:

<http://www.genonministries.org/collections/youth-summit>

The deposit may be paid online OR via mail by requesting an invoice. For your convenience, both options are available on the Church Registration Form. After you've completed the on-line form, please be sure to print a copy for your records. If your group has chosen to be invoiced for the deposit, the invoice will be e-mailed to the Group Leader. When the invoice is received, the deposit check and a copy of the printed Church Registration Form should be mailed to GenOn Ministries, PO Box 4, Springdale, PA 15144. Please pay attention to all due dates for Early Bird or Regular Registrations!

7. Submit Registrations Forms to Summit Operations Coordinator BY DUE DATES!

IMPORTANT NOTE --- Registration is not complete and lower rates do not apply unless all forms are received BY THE DATE SPECIFIED under Calculate Costs. Staffing and program decisions are dependent upon registration information, so it is extremely important that registration deadlines are observed --- THANK YOU!!!

Each YOUTH participant must have the following forms submitted to complete their registration:

- YOUTH or CHILD Registration Form, as appropriate - FULLY SIGNED!
- General Consent & Medical Information Form (YOUTH) - FULLY SIGNED!

Each YOUNG ADULT/ADULT participant must have the following forms submitted to complete their registration:

- YOUNG ADULT/ADULT Registration Form - FULLY SIGNED!
- Authorization and Request for Criminal Records Check - FULLY SIGNED!
NOTE: an adult attending Summit may use a cleared background check run by his or her church if the pastor confirms that clearance and provides the following:
 - * Name of the organization that ran the background check
 - * Type of background check that was run (must meet at least our minimum level)
 - * Date when the background clearance was confirmed (must be within 3 years of the Summit)
- A Pastor Endorsement Form - completed by the pastor of your congregation
- Medical Information Form (YOUNG ADULT/ADULT), to use in case of emergency.

<p>During travel to/from the Summit, be sure to have copies of medical forms for EVERYONE (youth and adults) in your group.</p>
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Return the completed registration forms via one of the methods below:

MAIL to: Kelly Burnett, Summit Operations Coordinator
236 West Pasadena Road
Millersville, MD 21108

SCAN & EMAIL to: KellyBurnett@GenOnMinistries.org

FAX to: 410-544-3330

After April 1, registrations are subject to availability and approval from Summit Operations Coordinator. No registrations will be accepted after 6/15/19.

8. Pay Balance

Once the deposit and Church Registration Forms are received, an invoice for the registration balance will be e-mailed to the Group Leader. This balance can be paid by sending a check and the invoice to GenOn Ministries, PO Box 4, Springdale, PA 15144 OR by using the Send Money option at www.paypal.com (call GenOn for assistance).

All fees are due by June 1, 2019

Cancellations

Full refund if cancelled before **May 1, 2019**

Full refund minus deposit if canceled between **May 1, 2019 and May 15, 2019**

No refund if canceled **May 16, 2019 or after**

In the case of a youth cancellation, a cancellation can be replaced with someone of the same gender and similar age with no forfeiture of the registration fee.

Adults must have a background check, so substitutions of adults will have more stringent timelines. Please call with any questions.

IMPORTANT NOTE:

Cancellations and changes to registration may be made ONLY by calling GenOn Ministries at 877-937-2572 or by emailing Kelly Burnett (KellyBurnett@GenOnMinistries.org)

The GenOn office will contact the Summit Manager to notify her/him of the change. THIS IS AN IMPORTANT REQUIREMENT!

2019 GenOn Youth Summit East **YOUTH** Registration

July 14-20, 2019 Wheeling, WV

Please use very clear handwriting or type so that we can be sure to have the best info --- THANK YOU!

Personal Information for Summit Attendee:				
Last Name:	First Name <i>(for use on Nametag)</i> :	Circle One: Male Female	Adult T-Shirt Size:	Grade you will <u>COMPLETE</u> in the 2018-2019 school year:
Home Address:				
City:		State/Prov:		Zip/Postal:
Email for Youth:			Home Phone: ()	
Email for Parent/Guardian:			Parent/Guardian Cell: ()	
Church Information:				
Church You Are Attending With:				
City:			State/Province:	
Church Group Leader:		Email:		
Church Contact Person:		Email:		
Activities:				
Each day at the GYS we take part in all four elements of LOGOS—shared meals, activities, worship arts, and Bible. The Activity Hour is a time to develop new skills and abilities, but it is primarily a time devoted to the development of relationships. The following are the activities that are offered during the Activity Hour. Mark your first choice #1, second choice #2, and third choice #3. Every effort will be made to place you in your first-choice activity. Your form will not be accepted until you have completed this section.				
_____Basketball	_____Drama	_____Soccer		
_____Cards & Board Games	_____Drawing/Art	_____Ultimate Frisbee		
_____Crafts	_____Guitar (please bring your own <u>guitar</u>)	_____Yoga		
Covenant:				
While we are together at the GYS, we are a community. All communities require parameters to protect the rights of the individual and to ensure the best possible experience for all. Every person attending the GYS will comply with the following:				
<ul style="list-style-type: none"> • We will always treat everyone at the GYS as a <i>Child of God</i>, and we have the right to expect to also be treated this way at all times. <i>This includes the use of personal information shared at Summit (i.e.: home or cell phone #s, social media accounts, emails, etc....) once you have left Summit.</i> • We will be in full attendance at each activity on the planned schedule of the day. Full attendance means removing distractions such as phones, iPods, video games, mp3 players, etc. • We will only be permitted to enter other rooms when invited by the occupants. However, entering rooms of the opposite sex is never permitted. • We may not leave the grounds except as part of a scheduled GYS activity. • The bringing, holding, or use of alcohol, tobacco products, drugs (other than those for which you have a prescription), weapons, or explosives is forbidden. • The primary responsibility for the distribution of prescription medications belongs to the church group leaders in consultation with the Summit medic(s). • We will all dress modestly during the Summit, including (but not limited to) one-piece (or tankini) bathing suits, no bare midriffs, no inappropriate slogans or artwork on clothing. 				
By your signature below you acknowledge that you have read, understand, and will abide by what is listed.				
Youth's Signature		Date		
Failure to abide by any of these will lead to the participant being sent home at the parents' expense. I understand that my child is responsible for abiding by what is listed above.				
Parent's Signature		Date		

2019 GenOn Youth Summit East **ADULT/YOUNG ADULT** Registration

July 14-20, 2019 Wheeling, WV

Please use very clear handwriting or type so that we can be sure to have the best info --- THANK YOU!

Personal Information for Summit Attendee:				
Last Name:	First Name (for use on Nametag):	Circle One: Male Female	Adult T-Shirt Size:	A g e
Home Address:				
City:		State/Prov:	Zip/Postal:	
Home Phone :()		Work Phone: ()		Cell Phone: ()
Email:				
Occupation/Vocation:				
Roles you fill in your congregation:				
Areas of leadership at previous GYS:				
Church Information:				
Church You Are Attending With:				
City & State/Province:				
Activities:				
<p>We Believe in Gifts – the Gifts of the Holy Spirit</p> <p>You are a gifted person, empowered by God with skills, experiences, and talents. Adults attending the GYS serve in leadership roles according to their gifts. <i>Please indicate where you feel called to serve in leadership.</i></p>				
<p>BIBLE STUDY: <input type="checkbox"/> Bible Study Leader <input type="checkbox"/> Bible Study Assistant Grade level preference _____</p>				
<p>ACTIVITY: <input type="checkbox"/> Activity Leader <input type="checkbox"/> Activity Assistant <i>Check any you could lead/assist with:</i></p> <p> <input type="checkbox"/> Basketball <input type="checkbox"/> Drama <input type="checkbox"/> Soccer <input type="checkbox"/> Cards & Board Games <input type="checkbox"/> Drawing/Art <input type="checkbox"/> Ultimate Frisbee <input type="checkbox"/> Crafts <input type="checkbox"/> Guitar <input type="checkbox"/> Yoga </p>				
<p>Music (including chimes or other instruments) <input type="checkbox"/> Medical training <input type="checkbox"/> Technology (sound, PowerPoint, etc.) <input type="checkbox"/> Other Gifts (sign language, etc.) _____</p>				
<p>ROOM LEADERS (ADULTS ONLY): Most adults will be expected to serve in room leader teams of a group of 4-6 youth. I will serve as a Room Leader. <input type="checkbox"/> yes <input type="checkbox"/> no (if no, please state reason) _____</p>				
Covenant:				
<p>While we are together at the GYS, we are a community. All communities require parameters to protect the rights of the individual and to ensure the best possible experience for all. Every person attending the GYS will comply with the following:</p> <ul style="list-style-type: none"> • We will always treat everyone at the GYS as a <i>Child of God</i>, and we have the right to expect to also be treated this way at all times. This includes the use of personal information shared at Summit (i.e.: home or cell phone #s, social media accounts, emails, etc...) once you have left Summit. • We will be in full attendance at each activity on the planned schedule of the day. Full attendance means removing distractions such as phones, iPods, video games, mp3 players, etc. • We will only be permitted to enter other rooms when invited by the occupants. However, entering rooms of the opposite sex is never permitted. • We may not leave the grounds except as part of a scheduled GYS activity. • The bringing, holding, or use of alcohol, tobacco products, drugs (other than those for which you have a prescription), weapons, or explosives is forbidden. • The primary responsibility for the distribution of prescription medications belongs to the church group leaders in consultation with the summit medic(s). • We will all dress modestly during the summit, including (but not limited to) one-piece (or tankini) bathing suits, no bare midriffs, no inappropriate slogans or artwork on clothing. <p>By your signature below you acknowledge that you have read, understand, and will abide by what is listed.</p>				
Adult's Signature _____			Date _____	

2019 GenOn Youth Summit East **CHILD Registration**
July 14-20, 2019 Wheeling, WV

Please use very clear handwriting or type so that we can be sure to have the best info --- THANK YOU!

Personal Information for Child Attending Summit:			
Last Name:	First Name (for use on Nametag):	Circle: Male Female	Age:
Parent's Name(s):			
Home Address:			
City:	State/Prov:	Zip/Postal:	
Parent's Email:		Phone: ()	
Person with whom child will be staying:			
Church Information:			
Church You Are Attending With:			
City:	State/Prov:		
Church Group Leader:			
CHILD CARE			
<p>The GYS is for youth who have completed at least 8th grade, and the activities and programs are designed for the youth participants. We do not provide childcare for children attending the GYS with adults. The GYS also depends upon the active participation of adults attending for leadership in the various parts of our program.</p> <p>We understand that, in order for you to attend, you might have to bring your child. Be aware that you are responsible for the care of your child throughout the entire GYS schedule. We request that children do not attend activities planned for the youth, such as Bible Study, Activity Hour, and Vespers. They are more than welcome to attend the worship experiences and the fellowship activities.</p>			
<p>I understand that special housing arrangements may be necessary for children who have not yet completed 8th grade. (Please call GYS Operations Coordinator for pricing.) I also understand that the registration fee for children covers room and board only and does not include any arrangements I make for childcare.</p>			
<p>_____</p> <p>Parent/Guardian Signature</p>			

2019 GenOn Youth Summit Pastor's Endorsement

Dear Pastor,

The success of the GenOn Youth Summit depends upon the leadership given by the adults attending from the local congregations. In this regard, the Summit is much like a local LOGOS ministry. However, Summit leadership does not necessarily know the adults who are coming well enough to fully appreciate the gifts they have to share. In order to call adults to the area of ministry that is best for them, the youth attending, and the entire Summit, we ask that you complete a bit of information about the adults from your congregation, keeping the following information in mind:

There are three major areas of service for adults:

- Bible Study Leader or Assistant Leader - this person needs to have experience with teaching youth
- Recreation/Activity Hour Leader - this person needs to have knowledge of the specific activity and a love of working and playing with youth
- Room Leaders - since room arrangements provide a core relational group, this person should have an ability to share in relationships with youth

Regarding leadership by college aged young adults (ages 18-21), we value the talents and gifts that our "Summit Graduates" bring to Summit leadership! Part of the focus of our young adult program is to help our young adults develop their Christian leadership skills. Therefore, we ask that you provide some additional information on their leadership ability. This helps the staff to call them into an appropriate leadership role.

Church Name: _____

City/State/Zip: _____

Pastor's Printed Name

Pastor's Signature

1. Name of Adult:

I recommend this person as a:

_____ Bible Group Leader or _____ Assistant Leader for _____ Grade Level

_____ Recreation Leader or _____ Assistant for _____ (activity area)
_____ Room Leader

Comments:

For Young Adults: Has been in a leadership position in our congregation ___YES___NO

Circle one of the following general characteristics:

Is a great leader Leads best when paired with a mentor Still learning leadership skills

2. **Name of Adult:**

I recommend this person as a:

_____ Bible Group Leader or _____ Assistant Leader for _____ Grade Level

_____ Recreation Leader or _____ Assistant for _____ (activity area)
_____ Room Leader

Comments:

For Young Adults: Has been in a leadership position in our congregation ___YES___NO

Circle one of the following general characteristics:

Is a great leader

Leads best when paired with a mentor

Still learning leadership skill

3. **Name of Adult:**

I recommend this person as a:

_____ Bible Group Leader or _____ Assistant Leader for _____ Grade Level

_____ Recreation Leader or _____ Assistant for _____ (activity area)
_____ Room Leader

Comments:

For Young Adults: Has been in a leadership position in our congregation ___YES___NO

Circle one of the following general characteristics:

Is a great leader

Leads best when paired with a mentor

Still learning leadership skill

4. **Name of Adult:**

I recommend this person as a:

_____ Bible Group Leader or _____ Assistant Leader for _____ Grade Level

_____ Recreation Leader or _____ Assistant for _____ (activity area)
_____ Room Leader

Comments:

For Young Adults: Has been in a leadership position in our congregation ___YES___NO

Circle one of the following general characteristics:

Is a great leader

Leads best when paired with a mentor

Still learning leadership skill

Please make additional copies of this page for more than 4 adults.

2019 GenOn Youth Summit

Authorization and Request for Criminal Records Check

Check the GYS you will be attending:

GYS WEST Estes Park, CO July 7-13, 2019

GYS EAST Wheeling, WV July 14-20, 2019

I, _____, hereby authorize, without reservation, any law enforcement agency, institution or information service bureau contacted by GenOn Ministries or its agent, to furnish information regarding any record of charges, convictions or any criminal file maintained on me, whether said file is a local, state or national file, and including but not limited to, accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release GenOn Ministries, its agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

Print your full name LAST FIRST MIDDLE

Print other names you have used Email Address

Home Address

City State/Province Zip/Postal Code

Social Security Number Date of Birth

Driver's License Number State Issuing License

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female

Race: Asian African American Hispanic White

List each address at which you have resided in the last five years:

Address: _____

Address: _____

Address: _____

Signature of Applicant Date

2019 GenOn Youth Summit

General Consent & Medical Information Form (YOUTH)

_____(Child/Youth's name) has my permission to participate in the GYS trip and all the planned activities during that time period including those while traveling to and from the GYS. I grant permission for employees &/or representatives of GenOn Ministries to share this medical information with our Summit Medic & my child's Room Parent(s) so that health concerns can be addressed quickly in the case of an emergency. This information will be held in confidence.

I also grant permission for employees or representatives of GenOn Ministries and all churches participating in this youth Summit to take and use photographs, videos and/or digital images of my child for use in promotional or educational materials. I agree that my child's name and identity:

__ May be revealed

__ May NOT BE revealed in descriptive text or commentary in connection with the image(s).

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____(print parent/guardian name), hereby grant permission for any and all medical and/or dental attention to be administered to my child on the GYS trip from July ___ through July___, 2019 in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. In case of emergency, this consent also authorizes the release of this form and all medical and accident report forms to doctors, hospitals, insurance companies, my employer, or other person or entities deemed appropriate by the leaders of this trip.

I agree to hold the church with whom my child is attending, the GenOn Ministries and their employees, volunteers and adult leaders harmless from claims, injuries or damages to my child.

Signature of Parent(s)/Guardian: _____ Date _____

Printed names of parents/Guardian: _____

Home Phone #: _____ Participant's Birthdate: _____

Mom's Work #: _____ Mom's Cell #: _____

Dad's Work #: _____ Dad's Cell #: _____

Participants Cell Phone # (if applicable): _____

Printed name of Church Group Leader: _____

Emergency Contact Information (Person to call if parents/guardians or contact person cannot be reached)

Name: _____ Relationship: _____

Phone Numbers: Home _____ Cell _____ Work _____

Medical Insurance Information

Insurance Company: _____ Phone #: _____

Policy #: _____ Group #: _____

Physician Information

Participant's Physician's Name: _____ Phone #: _____

Address: _____

Name of Youth: _____

Medication Information (It is VERY IMPORTANT that you list all medications and proper dosage schedule)

Will participant be taking this/these medications while at GenOn Summit? Yes No

If yes, please check one:

_____ My Youth will have these meds in his/her possession and will be responsible for taking independently
(CERTAIN MEDS MIGHT NEED TO BE HELD BY THE CHURCH GROUP LEADER-we will notify you, if this is necessary)

_____ I will give to my Church Group Leader to retain and administer
(If this is checked, YOU MUST talk your Group Leader ahead of time and NOT right BEFORE leaving for the trip)

Any Recently Stopped Medications: _____

It is OK to give my child (check all that are OK): acetaminophen ibuprofen over the counter cold medicines. These will all be administered by your Church Group Leader if participant is a minor.

Surgeries within the last year: _____

Serious medical problems (diabetes, asthma, epilepsy, etc.) or under any medical treatment that may affect participation:

Special health concerns/problems: _____

Allergies: (examples: food? medications? bee/wasp stings?) _____

Date of last Tetanus shot _____ Blood Type _____

It is imperative that you list any medical issues that your child has. We will not be prepared to deal with medical issues or emergencies unless we know this important information. It is also very important that you have double-checked to make sure that your child has packed any medication that they will be taking.

I understand this and have gone over ALL medical issues that my child has with the Church Group Leader going on the trip.

Signature of Parent/Guardian: _____ Date: _____

******* IMPORTANT REQUIREMENT *******

A copy of BOTH sides of your medical insurance & prescription card(s) MUST be submitted with this Consent/Medical Form; otherwise, this authorization to treat MIGHT NOT be acknowledged by a local medical provider/hospital!

2019 GenOn Youth Summit
Medical Information Form (YOUNG ADULT/ADULT)

In the event of an emergency situation requiring medical treatment, I wish to provide the following medical information. I understand that this information will be held in strict confidence and will only be provided to medical professionals, if necessary.

Printed Name of Participant: _____ DOB: _____

Home Address: _____

Home #: _____ Cell #: _____

Church You Are Attending With: _____

Emergency Contact Information (Who would you like for us to call, in case of emergency?):

Name: _____ Relationship: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

Medical Insurance Information

Insurance Company: _____ Phone #: _____

Policy #: _____ Group # _____

Physician Information

Physician's Name: _____ Phone #: _____

Medications You Are Currently Taking (with dosage information):

Any Recently Stopped Medications: _____

Surgeries within the last year: _____

Serious medical problems (diabetes, asthma, epilepsy, etc.):

Allergies: (examples: food? medications? bee/wasp stings?) _____

Date of last Tetanus shot _____ Blood Type _____

Special health concerns/problems: _____

******* IMPORTANT REQUIREMENT *******

**Please provide a copy of BOTH sides of your medical insurance
& prescription card(s) with this Medical Form so that we can provide
documentation to medical professionals in case of an emergency**