

STUDENT REGISTRATION FORM

WWW.MUUUCE.com

MUUUCE (MOST UNBELIEVABLE ULTIMATE URBAN CAMPING EXPERIENCE)
IS AN UNFORGETTABLE, SPIRITUAL, HIGH-ENERGY THREE DAYS OF CHAOS, VALLEYFAIR, LIVE WORSHIP, FOOD & FUN WITH HUNDREDS OF MIDDLE SCHOOL STUDENTS & LEADERS FROM ALL OVER THE NORTHWEST CONFERENCE.

August 4 - 6, 2016

@ CROSSROADS CHURCH - WOODBURY, MN

FEE OF \$ 130 · 00	IS DUE BY July 3ra
MAKE CHECKS PAYABLE TO: Emmanuel	Covenant Church

STUFF TO KNOW:

- Every participant will get a nametag & a t-shirt
- We will be sleeping on the floor in a school
- We will not have showers or A/C (we will have fans!)
- Eat before arriving at MUUUCE

WHAT NOT TO BRING:

- Anything you would be sad to lose
- Weapons/Drugs/Alcohol/Tobacco
- Fireworks
- Electronics, other than cell phone/iPods for bedtime
- Speedos or bikinis
- Unlined swim trunks or cutoffs these are not allowed at the Valleyfair waterpark
- A bad attitude

WHAT TO BRING:

- o Bible, Journal & Pen
- o Pillow, Sleeping Bag & Sheet (it may be warm)
- <u>Twin</u> Air Mattress or Sleeping Pad (please note space is limited)
- o Toiletries
- o A pair of socks
- Small bag for carrying gear around during the day
- o Beach Towel & One-piece Swimsuit
- Sunscreen & Sunglasses
- o Refillable Water Bottle
- o Comfortable shoes
- Money for extras at Valleyfair & the other activities

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Parent/Guardian: Complete this form, sign the PARENT & GUARDIAN CONSENT & MEDICAL RELEASE, have your student sign the STANDARDS OF CONDUCT & return everything along with your registration fee to the MUUUCE leader at your church. All fields are required, please print legibly.

First Name Last Na	ame		
Student Mailing Address			-
Church Registering with:	City	State	Zip
Gender: Male Female Birthday / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / / /	Grade in fall of 2016 □3XL	□ 6 □ 7	□8 □9
Dietary Concerns & Food Allergies and ayes - MUUUCE will	try to accommodate your stu	dent's situatio	on. Parent/
guardian please email muuuceinfo@gmail.com by July 14th to dis	scuss the best way to meet th	ne needs of yo	ur child.
Other Allergies none bees seasonal penicillin/amox	icillin 🗆 aspirin/ibuprofen/n	aproxen	
☐ acetaminophen ☐ other (please list only non	-food related allergies)		
Medical Concerns:			
Does this person have chronic health issues? □no □yes,			
Does this person have program limitations (i.e. contact sports)?	□no □yes,		
Does this person have mental health issues? ☐no ☐yes,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Is this person currently under the care of a physician for medical	reasons? □no □yes,		
Is this person currently taking medication prescribed by a physicia	an? □no □yes,		
Please list any over-the-counter medications you do not wish disp	pensed to this person for trea	atment of mine	or ailments
or injuries.			
Date of Last Tetanus Shot/ List any other	er information about this per	son that an at	tending
physician needs to be aware of.			
PARENT/GUARDIAN #1 WILL BE CONTACTED IN CASE OF EMERGENCY			
Parent/Guardian #1 First Name	Last Name		
Relationship to student			
Email address			
	•		
Parent/Guardian #2 First Name	Last Name		
Relationship to student		JJ.	
Email address			
Contact the following if Parent/Guardian cannot be reached:			
First Name	Last Name		
Relationship to student	Contact Phone #	1 1	
		<i></i>	
Medical Insurance:			
Name	Phone #	<i></i>	
Name of Insured			300 1000 1000
Dental Insurance:			
Name	Phone #		
Name of Insured	Policy #		

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PARENT & GUARDIAN CONSENT & MEDICAL RELEASE

(Attendee's name) ________ will be attending MUUUCE 2016, at Crossroads Evangelical Covenant Church in Woodbury, MN. As parent(s) or legal guardian(s) we (I) are confident that every measure will be taken to protect the safety of all participants. So on behalf of said attendee we (I) hereby release, forever discharge, & agree to hold harmless, the Northwest Conference of the Evangelical Covenant Church, Crossroads Evangelical Covenant Church, excursion sites, & the owners, directors, officers, agents, & employees & volunteers thereof, from any & all liability, claims or demands for personal injury, sickness or death, as well as property damage & expenses, of any nature whatsoever which may be incurred by the undersigned & the participant that occur while said attendee is participating in MUUUCE 2016.

Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, property damage & expense as a result of participation in recreation & excursion activities involved therein. Further, authorization & permission is hereby given to MUUUCE 2016 staff to furnish any necessary medical care, transportation, food, & lodging during MUUUCE 2016.

We (i) are the parent(s) or legal guardian(s) of this attendee & hereby grant permission for him/her to participate fully in MUUUCE 2016, & hereby give MUUUCE staff permission to take him/her to a doctor or hospital & authorize medical treatment. We (i) will assume all responsibility for all medical bills. We (i) understand that if medical treatment is required we (i) will be contacted as soon as possible. Should it be necessary for attendee to be sent home for medical reasons, disciplinary reasons, or otherwise, we (i) hereby assume all related costs.

We (I) hereby grant permission for the Northwest Conference of the Evangelical Covenant Church & Crossroads Church to publish images of activities & of this attendee for the purpose of promoting MUUUCE & the Northwest Conference of the Evangelical Covenant Church through communications channels of the Northwest Conference of the Evangelical Covenant Church & Crossroads Church. We (I) grant this permission freely without reservation.

We (I) understand that there are excursions & recreation opportunities at MUUUCE 2016. We (I), the parent(s) or legal guardian(s), fully understand & acknowledge that (a) outdoor recreational activities have: inherent risks, dangers & hazards that exist; (b) participation in such activities &/or use of such equipment may result in death, injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial &/or total paralysis, or other ailments that could cause serious disability; (c) these risks &

dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, an unpredictable or unexpected reaction from an animal, & the forces of nature or other causes; & (d) by participation in these activities &/or use of equipment, we (I) hereby assume all risks & dangers & all responsibility for any losses &/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, directors, officers, agents, & employees & volunteers, of the Crossroads Evangelical Covenant Church, or by any other person including the Northwest Conference of the Evangelical Covenant Church.

We (I), the individual(s) & our (my) heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, & indemnify the Northwest Conference of the Evangelical Covenant Church & Crossroads Evangelical Covenant Church, & their respective owners, directors, officers, agents, & employees & volunteers from any & all claims, actions or losses for bodily injury, property damage, death, loss of services or otherwise which may arise out of the attendees participation at MUUUCE 2016.

We (I), the parent(s) or guardian(s) specifically understand that we (I) are releasing, discharging & waiving any claims or actions that we (I) may have individually or on behalf of our child or ward presently or in the future for the negligent acts or other conduct by the owners, directors, officers, agents, & employees & volunteers of the Northwest Conference of the Evangelical Covenant Church & Crossroads Evangelical Covenant Church.

Must be signed by ALL PARENTS/GUARDIANS Parent/Guardian Name: Date: Parent/Guardian Name: Signature: Date:

Non-Refundable

**WE/I UNDERSTAND THAT THE PAYMENT FOR THIS EVENT IS NON-REFUNDABLE. WE/I AGREE NOT TO REQUEST A REFUND IF MY CHILD IS UNABLE TO ATTEND.

Parent/Guardian Initials:	

STANDARDS OF CONDUCT

Compliance with the following standards of conduct is expected of all students & adults at MUUUCE. If you fail to comply, you may be sent home from MUUUCE at your own expense.

- Use &/or possession of alcohol &/or other controlled substances, fireworks, firearms, or other dangerous weapons (e.g. knives, slingshots, laser pointers, etc.) during MUUUCE is prohibited.
- Individuals are liable (& will be billed) for any damage they intentionally or accidentally commit to Crossroads Church or to MUUUCE property.
- All students are under the supervision of their respective church leaders.

- Leaders have the right to confiscate, for the duration of MUUUCE, any items used abusively by students.
- Quiet hours are to be observed (no music, yelling, cheerleading, etc.).
- Smoking is not permitted at MUUUCE.
- Crossroads Church does not allow the use of in-line skates, roller blades, roller-skates, scooters, & skateboards on the church campus.

Student's Name:	9.5%	
Signature:		
Date:		