



**YOUTH FORUM 2017**  
**at Hamilton Conference General Meeting May 26-28, 2017**  
 Unifor Centre 115 Shipley Ave, Port Elgin, ON  
 and Southampton United Church, Southampton, ON

**APPLICATION FORM**

***ALL Youth Forum 2017 applicants need to complete this form (all 3 pages).  
 Participants must be 14-19 years of age.***

***Registrants must submit a non-family member reference and sign and comply with a behavioral covenant.***

***Registration Deadline: April 21 (this deadline is NOT flexible – please register early!)***

Name: \_\_\_\_\_ I prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Gender: \_\_\_\_\_

\*Age as of May 26, 2017 \_\_\_\_\_ Grade: \_\_\_\_\_

Congregation: \_\_\_\_\_ Presbytery: \_\_\_\_\_

Confirmed member of the United Church of Canada desiring to be a voting delegate? Yes  No

Have you attended a previous Hamilton Conference Youth Forum? Yes  No

Have you attended General Council Youth Forum? Yes  No  When? \_\_\_\_\_

Tell us why you would like to attend **Youth Forum 2017** \_\_\_\_\_

Special Interests: \_\_\_\_\_

How are you involved in your congregation (i.e. youth group, choir, outreach, committee chair)?

\_\_\_\_\_

**I agree to attend the whole of Youth Forum 2017**, from the opening session at 9:00 am on Friday, May 26 until Youth Forum closes on Sunday, May 28 at 1:00 pm (Please check to signify your commitment)

**An \$80 fee for accommodation and meals is required at time of registration.**  
**Please include a cheque for \$80 payable to Hamilton Conference, the United Church of Canada with your application.**

**p. 2 of 3 YF registration 2017 Hamilton Conference**

Permission to Participate (for those under 18 years of age):

***Please Print***

I/We \_\_\_\_\_ give permission for \_\_\_\_\_ to fully participate in the Youth Forum Program of Hamilton Conference, The United Church of Canada to be held at Unifor Centre, Port Elgin and Southampton United Church, Southampton. Participation will include physical activities such as walking, games, outdoor activities, etc. Please list anything that would limit participation:

---

---

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Reference

*References may be phoned by Conference Staff or YF Coordinator and should be informed in advance of this contact. The reference must be over 21years of age. Family members do not qualify as a reference.*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

## **PHOTOGRAPH and VIDEO RELEASE**

**I give permission** for the photograph and/or video image of myself/my teen, as taken by authorized persons, to be used as memory or promotional material in various United Church of Canada print and electronic resources, including online community locations and Hamilton Conference web site for the promotion of Youth Forum and Youth Events in Hamilton Conference of The United Church of Canada.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Parent's Signature

For more information about the program, please contact: Diane Matheson-Jimenez at [dmatheson@hamconf.org](mailto:dmatheson@hamconf.org)

**Mail this form & cheque to:** Ruthanna Mack, Hamilton Conference Office, Youth Forum  
P.O. Box 100, Carlisle, ON L0R 1H0 (905-659-3343 x227)

\*\*You will be notified of your acceptance to the program by a letter from the coordinators.  
Once accepted into the program, you will receive more details and a list of what you need to bring with you.



## Medical Information Form

**IMPORTANT: We must have this information or you will not be able to participate in Youth Forum 2017. Please complete in full. Please Print.**

Name: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Allergies and medications: \_\_\_\_\_

Special diet (i.e.: vegetarian, diabetic, other ) \_\_\_\_\_

Current medication(s): \_\_\_\_\_

Dosage and frequency: \_\_\_\_\_

Self- Administered  OR Administered by an adult

**Please note that YF leadership will NOT administer prescription medications. If adult administration is required, that adult must be assigned before attending the Youth Forum Event.**

Name of Adult appointed to administer medication: \_\_\_\_\_

Special needs: \_\_\_\_\_

**Because of our concern for the safety of each individual and the integrity of the program we are not able to accommodate all needs and reserve the right to assess on an individual basis.**

Family doctor: \_\_\_\_\_ Phone number: (\_\_\_\_)\_\_\_\_\_

### Permission for Emergency Medical Attention: *Please Print*

I/We \_\_\_\_\_ give permission for leaders or their designate to permit emergency treatment for \_\_\_\_\_ if it is deemed necessary. Efforts will be made to contact the parent or guardian before permission for treatment is given.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Parent/Guardian phone number(s) during YF 2017

Name: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

Name: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

### Permission to give non-prescription drugs such as Tylenol for headaches, etc.:

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date