

STUDENT REGISTRATION

Last Name										First Name														
Middle Name										Name You Would Like To Be Called At Camp														
Grade			Entering Fall 2013			Gender		Birth date					Circle T-Shirt Size				New to Impact?							
						M F							S M L XL 2X 3X 4X				Y N							
Address															City					State				
Zip					Home Phone										Email Address									
Church Name															Church City									
Roommate Preference																								

STUDENT GROWTH COVENANT

Students must remain on campus. No student is permitted to leave the college campus while attending Impact University, unless you have written approval (submitted at registration) from a parent and/or guardian with the time you will be leaving, with whom you will be leaving, and with the time you will be returning. Please submit this information at registration.

Students driving themselves to Impact must turn in their car keys to the Impact office at registration.

Students will attend all school sessions. All students will be required to attend all Impact University activities. The only exception to this is if you are injured or sick and are at the Impact University office, medical clinic or hospital.

Students who are ill or injured should be either in the Impact University Office, medical clinic or hospital. In the event of illness or injury, students will not be permitted to remain in their dorm rooms. Students who are ill or injured will be required to rest in the IU Office or medical clinic until they are able to return to their regularly scheduled activities.

Students will show respect to all adults and other students at all times.

Students must be inside their assigned dorms by the scheduled time each night.

Drugs, alcohol, any form of tobacco, firearms, fireworks, or other inappropriate materials are NOT permitted. Please do not bring any type of electronic devices (i.e. MP3 players, cell phones, etc.) with you to camp except what is necessary for personal grooming. Alarm clocks without radios are acceptable.

Students should dress in a way that would be pleasing to God. Modest shorts (shorts must be long enough to reach your fingertips with arms at sides), may be worn during Impact University. Please make sure that T-shirts and other clothing cover your body and display words that are glorifying to God! If you choose to swim you must wear shorts, shoes, and a shirt to the swimming area and all two-piece suits must be worn with a shirt. We request that you wear as much clothing as possible at all times. **Neither sleeveless nor clothing that exposes the midriff will be permitted.**

Students must wear nametags at all times. There will be a replacement fee of \$1.00 for any lost nametags.

Room keys should remain on your nametag lanyard. A replacement fee of \$50.00 will be charged to the student for any lost keys.

Public/Private Display of Affection (PDA) of any kind is not allowed.

Under NO circumstances are girls to be in guy's dorms/rooms or guys in girl's dorms/rooms.

Do not use campus phones or cell phones. Please come to the Impact University Office if you need to make a call. Cell phones MUST be turned in to the office at registration. You will have access to your phone in case of an emergency, but you will need to use them in the office.

Students must obey College rules and regulations. We are guests of Buena Vista University and must abide by their rules and regulations concerning dorms, dining halls and all other facilities. Be respectful of college faculty and students.

I agree to submit myself joyfully to the above guidelines. **I fully understand that the violation of these will result in my immediate return home at my own expense with transportation being provided by my parent/guardian.** I understand that these guidelines are necessary for me to maximize the spiritual opportunities of the week. Having read them and prayed about them, I willingly commit myself to abide by them.

Students and their parent/guardian accept the financial responsibility for any intentional damage caused to the facilities.

⇒Parent or Guardian Signature: _____ Date: _____

⇒Student Signature: _____ Date: _____

STUDENT MEDICAL RELEASE FORM – PAGE 1

Last Name _____ First Name _____

Emergency Contact Person _____ Relationship to Student _____

Emergency Preferred Phone _____ Emergency Alternate Phone _____

Emergency Contact Email _____

Secondary Emergency Contact Person _____ Relationship to Student _____

Secondary Emergency Preferred Phone _____ Secondary Emergency Alternate Phone _____

Secondary Emergency Contact Email _____

Physician _____

Physician Phone Number _____ Date of Last Tetanus Immunization _____

Name of Medical Insurance Company _____ Phone Number _____

Primary Insurance Subscriber's Name _____

Policy Number _____ Is prior notification required for emergency health care at a hospital?
 Y N

Phone number for prior notification for hospital care. _____

Please attach a copy of your insurance card

Please notify nurse of any medical changes upon arrival at Impact including antibiotics/accidents.

STUDENT MEDICAL AND SURGICAL WAIVER

To be completed by the parent(s) and/or guardian(s) of participants under 18 years of age.

I, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend Impact University 2013 between the dates of July 15, 2013 and July 20, 2013. I further expressly grant my permission for my child to participate in all activities of said event.

I have listed said minor's physical or medical problems that may need attention. In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the Baptist Convention of Iowa, or its representatives, or any Iowa Southern Baptist Association, or the event sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless the Impact University staff, the Baptist Convention of Iowa, or its representatives, or any Iowa Southern Baptist Association, or the event sponsors, or the college upon whose campus Impact University is being conducted, from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by said minor at Impact University from July 15-20, 2013.

Also, I understand that this student may be photographed or videotaped during normal event activities and these photos/videos may be used in promotional materials.

⇒ Parent/Guardian Signature: _____ Date: _____

STUDENT MEDICAL RELEASE FORM – PAGE 2

List ALL KNOWN Allergies (Food/Drugs/Other) _____

These non-prescription medications may be stocked in the nurse's station and used as needed to manage illness or injury. Please mark any that **SHOULD NOT BE GIVEN** to this student.

OKAY TO GIVE ALL LISTED

Tylenol (acetaminophen) Ibuprofen (Advil, Motrin) Tums (or generic) Oral Benadryl

Hydrocortisone Cream (anti-itch) Cough Drops Antibiotic Cream

Other common medicine this student should NOT be given: _____

Will the student have medicines to be take while at camp? (Including prescription and non-prescription medicines). Y N

Medication #1 _____

When will medication #1 need to be taken? (check all that apply)

Breakfast Time Lunch Time Dinner Time Bed Time Other _____

Medication #2 _____

When will medication #2 need to be taken? (check all that apply)

Breakfast Time Lunch Time Dinner Time Bed Time Other _____

Medication #3 _____

When will medication #3 need to be taken? (check all that apply)

Breakfast Time Lunch Time Dinner Time Bed Time Other _____

Medication #4 _____

When will medication #4 need to be taken? (check all that apply)

Breakfast Time Lunch Time Dinner Time Bed Time Other _____

Medication #5 _____

When will medication #5 need to be taken? (check all that apply)

Breakfast Time Lunch Time Dinner Time Bed Time Other _____

Medication #6 _____

When will medication #6 need to be taken? (check all that apply)

Breakfast Time Lunch Time Dinner Time Bed Time Other _____

Additional Medications _____

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS BY CIRCLING Y FOR YES - N FOR NO

Y N This student has been diagnosed with Attention Deficient Disorder or ADD/HD?

Y N This student has a psychiatric condition, such as depression, OCD, panic/anxiety disorder.

Y N This student has an emotional health concern.

Y N This camper has a learning disability/challenge.

Y N This student has seen or is seeing a professional to address mental/emotional health needs.

Y N Please list any other medical conditions or special needs: _____

⇒ Parent/Guardian Signature: _____ Date: _____

⇒ Parent/Guardian Signature: _____ Date: _____